Kathleen Fuller

U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

SEARCH REQUEST FORM

182

Requestor's Name: Cook

Serial Number: 09/138 983

Date: 3/24/99

Phone: 308 4724

Art Unit: 1610

1807

Search Topic:

Please write a detailed statement of search topic. Describe specifically as possible the subject matter to be searched. Define any terms that may have a special meaning. Give examples or relevent citations, authors, keywords, etc., if known. For sequences, please attach a copy of the sequence. You may include a copy of the broadest and/or most relevent claim(s).

Inventor is John McCullough, Paul D. Rubin

Please search methods of using (+)-bupropion

for pain

nicotine addiction & smoking cessation.

"chronic disorder" - chronic fatigue
narcolepsy
fibromyalgia
SAD
premenstrual syndrome & dysphoria

weight control

Thanks
Rebecca

STAFF USE ONLY

308-4290

Date completed: 4/2/99

Searcher: K. Fuller

Terminal time: 50

Elapsed time: _____

CPU time: _____

Total time: 70

Number of Searches: _____

Number of Databases: _____

Search Site

- ✓ STIC
- _____ CM-1
- _____ Pre-S

Type of Search

- _____ N.A. Sequence
- _____ A.A. Sequence
- _____ Structure
- ✓ Bibliographic

Vendors

- _____ IG
- ✓ STN
- _____ Dialog
- _____ APS
- _____ Geninfo
- _____ SDC
- _____ DARC/Questel
- _____ Other

PTO-1580 (9-90)

=> FILE REG

FILE 'REGISTRY' ENTERED AT 15:11:29 ON 02 APR 1999
USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.
PLEASE SEE "HELP USAGETERMS" FOR DETAILS.

STRUCTURE FILE UPDATES: 26 MAR 99 HIGHEST RN 220764-97-6
DICTIONARY FILE UPDATES: 1 APR 99 HIGHEST RN 220764-97-6

TSCA INFORMATION NOW CURRENT THROUGH JANUARY 13, 1999

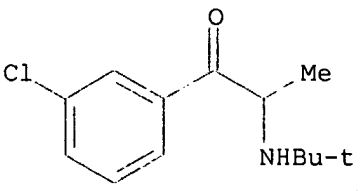
Please note that search-term pricing does apply when conducting SmartSELECT searches.

=> D HIS L34

(FILE 'REGISTRY' ENTERED AT 15:04:55 ON 02 APR 1999)
L34 2 S BUPROPION

=> D L34 1-2

L34 ANSWER 1 OF 2 REGISTRY COPYRIGHT 1999 ACS
RN 34911-55-2 REGISTRY
CN 1-Propanone, 1-(3-chlorophenyl)-2-[(1,1-dimethylethyl)amino]- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN 1-Propanone, 1-(3-chlorophenyl)-2-[(1,1-dimethylethyl)amino]-, (.+-.)-
OTHER NAMES:
CN .alpha.-(tert-Butylamino)-m-chloropropiophenone
CN Amfebutamone
CN **Bupropion**
DR 34841-39-9
MF C13 H18 Cl N O
CI COM
LC STN Files: AIDSLINE, ANABSTR, BEILSTEIN*, BIOBUSINESS, BIOSIS, CA, CANCERLIT, CAPLUS, CBNB, CIN, DDFU, DRUGNL, DRUGPAT, DRUGU, DRUGUPDATES, EMBASE, IFICDB, IFIPAT, IFIUDB, IPA, MEDLINE, MRCK*, PHAR, PROMT, RTECS*, SPECINFO, TOXLINE, TOXLIT, USAN, USPATFULL
(*File contains numerically searchable property data)
Other Sources: WHO

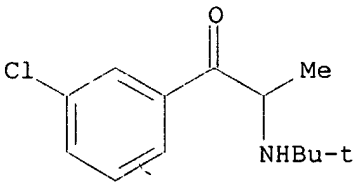


514/649

261 REFERENCES IN FILE CA (1967 TO DATE)
4 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
262 REFERENCES IN FILE CAPLUS (1967 TO DATE)

L34 ANSWER 2 OF 2 REGISTRY COPYRIGHT 1999 ACS
RN 31677-93-7 REGISTRY
CN 1-Propanone, 1-(3-chlorophenyl)-2-[(1,1-dimethylethyl)amino]-, hydrochloride (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN 1-Propanone, 1-(3-chlorophenyl)-2-[(1,1-dimethylethyl)amino]-,

hydrochloride, (.+-.)-
CN Propiophenone, 2-(tert-butylamino)-3'-chloro-, hydrochloride, (.+-.)-
(8CI)
OTHER NAMES:
CN .alpha.-(tert-Butylamino)-m-chloropropiophenone hydrochloride
CN **Bupropion hydrochloride**
CN m-Chloro-.alpha.-tert-butylaminopropiophenone hydrochloride
CN Wellbatrin
CN Wellbutrin
CN Zyban
CN Zyban (pharmaceutical)
DR 34841-36-6
MF C13 H18 Cl N O . Cl H
LC STN Files: BIOBUSINESS, BIOSIS, CA, CAPLUS, CEN, CHEMCATS, CHEMLIST, CBNB, CIN, CSCHEM, DRUGPAT, DRUGUPDATES, EMBASE, IFICDB, IFIPAT, IFIUDB, IPA, MRCK*, PHAR, PROMT, RTECS*, TOXLINE, TOXLIT, USAN, USPATFULL
(*File contains numerically searchable property data)
Other Sources: EINECS**
(**Enter CHEMLIST File for up-to-date regulatory information)
CRN (34911-55-2)



● HCl

30 REFERENCES IN FILE CA (1967 TO DATE)
30 REFERENCES IN FILE CAPLUS (1967 TO DATE)

=> FILE HCAPLUS

COST IN U.S. DOLLARS	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	8.38	55.38

FILE 'HCAPLUS' ENTERED AT 16:41:27 ON 02 APR 1999
USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.
PLEASE SEE "HELP USAGETERMS" FOR DETAILS.

FILE COVERS 1967 - 2 Apr 1999 VOL 130 ISS 14
FILE LAST UPDATED: 2 Apr 1999 (19990402/ED)

This file contains CAS Registry Numbers for easy and accurate substance identification.

This file supports REGISTRY for direct browsing and searching of

all substance data from the REGISTRY file. Enter HELP FIRST for more information.

=> D QUE L11

```
L1            2 SEA FILE=REGISTRY ABB=ON  BUPROPION
L2          299 SEA FILE=HCAPLUS ABB=ON  L1
L3          372 SEA FILE=HCAPLUS ABB=ON  L2 OR ?BUPROPION? OR ZYBAN OR
                WELLB!TRIN OR AMFEBUTAMON
L4            2 SEA FILE=HCAPLUS ABB=ON  L3 AND NICOTINE(5A)(DEPEND? OR
                ADDICT? OR WITHDRAW?)
L5            7 SEA FILE=HCAPLUS ABB=ON  L3 AND SMOKING
L6            2 SEA FILE=HCAPLUS ABB=ON  L3 AND PAIN
L7            0 SEA FILE=HCAPLUS ABB=ON  L3 AND CHRONIC(S)(FATIGUE OR DISORDER?
                )
L8            2 SEA FILE=HCAPLUS ABB=ON  L3 AND (NARCOLEP? OR FIBROMYAL? OR
                PMS OR PREMENSTRU? OR SAD OR SEASON? AFFECT?)
L9            3 SEA FILE=HCAPLUS ABB=ON  L3 AND ((OBES? OR WEIGHT?)(5A)(LOSS?
                OR CONTROL? ) OR ANTIOBES?)
L10           0 SEA FILE=HCAPLUS ABB=ON  L3 AND (PURE OR PURITY OR OPTICAL?)
L11          15 SEA FILE=HCAPLUS ABB=ON  (L4 OR L5 OR L6 OR L7 OR L8 OR L9 OR
                L10)
```

=> FILE WPIDS

```
COST IN U.S. DOLLARS                            SINCE FILE      TOTAL
                                                   ENTRY    SESSION
FULL ESTIMATED COST                                 1.80      57.18

FILE 'WPIDS' ENTERED AT 16:41:38 ON 02 APR 1999
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FILE LAST UPDATED: 31 MAR 1999              <19990331/UP>
>>>UPDATE WEEKS:
MOST RECENT DERWENT WEEK            199913   <199913/DW>
DERWENT WEEK FOR CHEMICAL CODING:   199913
DERWENT WEEK FOR POLYMER INDEXING:  199913
DERWENT WORLD PATENTS INDEX SUBSCRIBER FILE, COVERS 1963 TO DATE

>>> D COST AND SET NOTICE DO NOT REFLECT SUBSCRIBER DISCOUNTS -
                                            SEE HELP COST <<<

>>> INDEXING UPDATE CODES JUMP FORWARD TO 9901   -  SEE NEWS <<<
```

=> D QUE L14

```
L1            2 SEA FILE=REGISTRY ABB=ON  BUPROPION
L2          299 SEA FILE=HCAPLUS ABB=ON  L1
L3          372 SEA FILE=HCAPLUS ABB=ON  L2 OR ?BUPROPION? OR ZYBAN OR
                WELLB!TRIN OR AMFEBUTAMON
L4            2 SEA FILE=HCAPLUS ABB=ON  L3 AND NICOTINE(5A)(DEPEND? OR
                ADDICT? OR WITHDRAW?)
L5            7 SEA FILE=HCAPLUS ABB=ON  L3 AND SMOKING
L6            2 SEA FILE=HCAPLUS ABB=ON  L3 AND PAIN
L7            0 SEA FILE=HCAPLUS ABB=ON  L3 AND CHRONIC(S)(FATIGUE OR DISORDER?
                )
L8            2 SEA FILE=HCAPLUS ABB=ON  L3 AND (NARCOLEP? OR FIBROMYAL? OR
                PMS OR PREMENSTRU? OR SAD OR SEASON? AFFECT?)
L9            3 SEA FILE=HCAPLUS ABB=ON  L3 AND ((OBES? OR WEIGHT?)(5A)(LOSS?
                OR CONTROL? ) OR ANTIOBES?)
L10           0 SEA FILE=HCAPLUS ABB=ON  L3 AND (PURE OR PURITY OR OPTICAL?)
L12           2 SEA FILE=WPIDS ABB=ON  (L4 OR L5 OR L6 OR L7 OR L8 OR L9 OR
                L10)
L13           6 SEA FILE=WPIDS ABB=ON  R19387/DCN
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```
L14           7 SEA FILE=WPIDS ABB=ON  L12 OR L13

=> FILE MEDLINE

COST IN U.S. DOLLARS                                SINCE FILE      TOTAL
                                                       ENTRY    SESSION
FULL ESTIMATED COST                                     2.66      59.84

FILE 'MEDLINE' ENTERED AT 16:41:50 ON 02 APR 1999

 FILE LAST UPDATED: 26 MAR 1999 (19990326/UP).  FILE COVERS 1966 TO DATE.

 MEDLINE has been reloaded to reflect the annual MeSH changes made  by
 the National Library of Medicine for 1999.  Enter HELP RLOAD for details.

 THIS FILE CONTAINS CAS REGISTRY NUMBERS FOR EASY AND ACCURATE
 SUBSTANCE IDENTIFICATION.

=> D QUE L29

L1             2 SEA FILE=REGISTRY ABB=ON  BUPROPION
L2           299 SEA FILE=HCAPLUS ABB=ON  L1
L3           372 SEA FILE=HCAPLUS ABB=ON  L2 OR ?BUPROPION? OR ZYBAN OR
                 WELLB!TRIN OR AMFEBUTAMON
L4             2 SEA FILE=HCAPLUS ABB=ON  L3 AND NICOTINE(5A)(DEPEND? OR
                 ADDICT? OR WITHDRAW?)
L5             7 SEA FILE=HCAPLUS ABB=ON  L3 AND SMOKING
L6             2 SEA FILE=HCAPLUS ABB=ON  L3 AND PAIN
L7             0 SEA FILE=HCAPLUS ABB=ON  L3 AND CHRONIC(S)(FATIGUE OR DISORDER?
                 )
L8             2 SEA FILE=HCAPLUS ABB=ON  L3 AND (NARCOLEP? OR FIBROMYAL? OR
                 PMS OR PREMENSTRU? OR SAD OR SEASON? AFFECT?)
L9             3 SEA FILE=HCAPLUS ABB=ON  L3 AND ((OBES? OR WEIGHT?)(5A)(LOSS?
                 OR CONTROL? ) OR ANTIOBES?)
L10            0 SEA FILE=HCAPLUS ABB=ON  L3 AND (PURE OR PURITY OR OPTICAL?)
L15          547 SEA FILE=MEDLINE ABB=ON  L2 OR ?BUPROPION? OR ZYBAN OR
                 WELLB!TRIN OR AMFEBUTAMON
L16          280 SEA FILE=MEDLINE ABB=ON  L15 AND DT/CT
L17           46 SEA FILE=MEDLINE ABB=ON  (L4 OR L5 OR L6 OR L7 OR L8 OR L9 OR
                 L10)
L18         1974 SEA FILE=MEDLINE ABB=ON  PREMENSTRUAL SYNDROME+NT/CT
L19         2996 SEA FILE=MEDLINE ABB=ON  SMOKING CESSATION+NT/CT
L20        44496 SEA FILE=MEDLINE ABB=ON  MOOD DISORDERS+NT/CT
L21         1485 SEA FILE=MEDLINE ABB=ON  FATIGUE SYNDROME, CHRONIC+NT/CT
L22         2858 SEA FILE=MEDLINE ABB=ON  APPETITE+NT/CT
L26           27 SEA FILE=MEDLINE ABB=ON  L15 AND (L18 OR L19 OR  L21 OR L22)
L27           27 SEA FILE=MEDLINE ABB=ON  L17 AND DT/CT
L28            2 SEA FILE=MEDLINE ABB=ON  L16 AND L20 AND (SAD OR SEASON?)
L29           42 SEA FILE=MEDLINE ABB=ON  L26 OR L27 OR L28

=> FILE EMBASE

COST IN U.S. DOLLARS                                SINCE FILE      TOTAL
                                                       ENTRY    SESSION
FULL ESTIMATED COST                                     0.30      60.14

FILE 'EMBASE' ENTERED AT 16:42:03 ON 02 APR 1999
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 FILE COVERS 1974 TO 1 Apr 1999 (19990401/ED)

 EMBASE has been reloaded. Enter HELP RLOAD for details.

 This file contains CAS Registry Numbers for easy and accurate
```

substance identification.

```
=> D QUE L35

L1            2 SEA FILE=REGISTRY ABB=ON  BUPROPION
L2          299 SEA FILE=HCAPLUS ABB=ON  L1
L3          372 SEA FILE=HCAPLUS ABB=ON  L2 OR ?BUPROPION? OR ZYBAN OR
                WELLB!TRIN OR AMFEBUTAMON
L4            2 SEA FILE=HCAPLUS ABB=ON  L3 AND NICOTINE(5A)(DEPEND? OR
                ADDICT? OR WITHDRAW?)
L5            7 SEA FILE=HCAPLUS ABB=ON  L3 AND SMOKING
L6            2 SEA FILE=HCAPLUS ABB=ON  L3 AND PAIN
L7            0 SEA FILE=HCAPLUS ABB=ON  L3 AND CHRONIC(S)(FATIGUE OR DISORDER?
                )
L8            2 SEA FILE=HCAPLUS ABB=ON  L3 AND (NARCOLEP? OR FIBROMYAL? OR
                PMS OR PREMENSTRU? OR SAD OR SEASON? AFFECT?)
L9            3 SEA FILE=HCAPLUS ABB=ON  L3 AND ((OBES? OR WEIGHT?)(5A)(LOSS?
                OR CONTROL? ) OR ANTIOBES?)
L10           0 SEA FILE=HCAPLUS ABB=ON  L3 AND (PURE OR PURITY OR OPTICAL?)
L31         189 SEA FILE=EMBASE ABB=ON  (L4 OR L5 OR L6 OR L7 OR L8 OR L9 OR
                L10)
L32         159 SEA FILE=EMBASE ABB=ON  L31 AND (DT/CT OR DRUG THERAPY/CT)
L33        1578 SEA FILE=EMBASE ABB=ON  AMFEBUTAMONE+NT/CT
L34         698 SEA FILE=EMBASE ABB=ON  L33/MAJ
L35          52 SEA FILE=EMBASE ABB=ON  L32 AND L34

=> DUP REM L11 L14 L29 L35

COST IN U.S. DOLLARS                        SINCE FILE      TOTAL
                                               ENTRY    SESSION
FULL ESTIMATED COST                             0.83      60.97

FILE 'HCAPLUS' ENTERED AT 16:42:30 ON 02 APR 1999
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FILE 'WPIDS' ENTERED AT 16:42:30 ON 02 APR 1999
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FILE 'MEDLINE' ENTERED AT 16:42:30 ON 02 APR 1999

FILE 'EMBASE' ENTERED AT 16:42:30 ON 02 APR 1999
COPYRIGHT (C) 1999 Elsevier Science B.V.  All rights reserved.
PROCESSING COMPLETED FOR L11
PROCESSING COMPLETED FOR L14
PROCESSING COMPLETED FOR L29
PROCESSING COMPLETED FOR L35
L36          93 DUP REM L11 L14 L29 L35 (23 DUPLICATES REMOVED)

=> SET COST OFF

SET COMMAND COMPLETED

=> D L36 ALL 1-93


L36  ANSWER 1 OF 93  HCAPLUS  COPYRIGHT 1999 ACS
AN   1999:133624  HCAPLUS
DN   130:158438
TI   Prolonged release active agent dosage form adapted for gastric retention
IN   Dong, Liang C.; Edgren, David E.; Gardner, Phyllis I.; Jao, Francisco;
     Theeuwes, Felix; Wan, Jason; Wong, Patrick S.-L.
PA   Alza Corporation, USA
```

SO PCT Int. Appl., 63 pp.
CODEN: PIXXD2
DT Patent
LA English
IC ICM A61K009-00
ICS A61K009-20
CC 63-6 (Pharmaceuticals)
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI WO 9907342	A1	19990218	WO 98-US16597	19980810

W: AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GE, GH, GM, HR, HU, ID, IL, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, US, UZ, VN, YU, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
RW: GH, GM, KE, LS, MW, SD, SZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG

PRAI US 97-55475 19970811

AB An active agent dosage form which is adapted for retention in the stomach and useful for the prolonged delivery of an active agent formulation to a fluid environment of use is disclosed. The active agent dosage form is a polymer matrix that swells upon contact with the fluids of the stomach. A portion of the polymer matrix is surrounded by a band of insol. material that prevents the covered portion of the polymer matrix from swelling and provides a segment of the dosage form that is of sufficient rigidity to withstand the contractions of the stomach and delay expulsion of the dosage form from the stomach until substantially all of the active agent has been dispensed. Sustained-release caplets contg. 625 mg acyclovir were prepd. A single dose of 625 mg of acyclovir maintained plasma profiles in dogs for 12 h and the levels were comparable to 600 mg in divided doses.

ST prolonged release pharmaceutical gastric retention

IT Gastric emptying
(delaying agents; prolonged release active agent dosage form adapted for gastric retention)

IT Antidepressants
Antidiabetic agents
Antimicrobial agents
Antiobesity agents
Antiviral agents
Cholinergic antagonists
Food
Fungicides
Sustained release drug delivery systems
Sustained release tablets (drug delivery systems)
(prolonged release active agent dosage form adapted for gastric retention)

IT Fatty acids, biological studies
Polymers, biological studies
Polyoxyalkylenes, biological studies
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(prolonged release active agent dosage form adapted for gastric retention)

IT 9004-34-6, Cellulose, biological studies
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(microcryst.; prolonged release active agent dosage form adapted for gastric retention)

IT 59277-89-3, Acyclovir
RL: BAC (Biological activity or effector, except adverse); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(prolonged release active agent dosage form adapted for gastric retention)

IT 555-30-6, Methyldopa 657-24-9, Metformin 1327-43-1D, Magnesiumaluminum silicate, crosslinked 9000-30-0, Guar gum 9002-89-5, Polyvinyl alcohol 9003-01-4D, Polyacrylic acid, crosslinked 9003-39-8D, Pvp, crosslinked 9004-32-4, Sodium carboxy methyl cellulose 9004-32-4D, Sodium carboxymethyl cellulose, crosslinked 9004-62-0, Hydroxyethyl cellulose 9004-64-2, Hydroxypropyl cellulose 9004-65-3, Hydroxypropyl methyl cellulose 9004-67-5, Methyl cellulose 9005-25-8, Corn starch, biological studies 9005-25-8D, Starch, pregelatinized 9005-32-7D, Alginic acid, crosslinked 9050-04-8, Calcium carboxy methyl cellulose 9050-04-8D, Calcium carboxymethyl cellulose, crosslinked 9050-36-6, Maltodextrin 9063-38-1, Sodium carboxymethyl starch 10118-90-8, Minocycline 14611-51-9, Selegiline 25322-68-3, Polyethyleneoxide **34911-55-2**, **Bupropion** 51481-61-9, Cimetidine 62571-86-2, Captopril 66357-35-5, Ranitidine 82410-32-0, Ganciclovir 83799-24-0, Fexofenadine 96829-58-2, Orlistat
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(prolonged release active agent dosage form adapted for gastric retention)

IT 9079-25-8D, Amberlite, crosslinked
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(resin; prolonged release active agent dosage form adapted for gastric retention)

L36 ANSWER 2 OF 93 HCAPLUS COPYRIGHT 1999 ACS DUPLICATE 1
AN 1999:191227 HCAPLUS
TI A controlled trial of sustained-release **bupropion**, a nicotine patch, or both for **smoking** cessation
AU Jorenby, Douglas E.; Leischow, Scott J.; Nides, Mitchell A.; Rennard, Stephen I.; Johnston, J. Andrew; Hughes, Arlene R.; Smith, Stevens S.; Muramoto, Myra L.; Daughton, David M.; Doan, Kimberli; Fiore, Michael C.; Baker, Timothy B.
CS Center for Tobacco Research and Intervention, University of Wisconsin Medical School, Madison, WI, USA
SO N. Engl. J. Med. (1999), 340(9), 685-691
CODEN: NEJMAG; ISSN: 0028-4793
PB Massachusetts Medical Society
DT Journal
LA English
CC 1 (Pharmacology)
AB Background and Methods Use of nicotine-replacement therapies and the antidepressant **bupropion** helps people stop **smoking**.
We conducted a double-blind, placebo-controlled comparison of sustained-release **bupropion** (244 subjects), a nicotine patch (244 subjects), **bupropion** and a nicotine patch (245 subjects), and placebo (160 subjects) for **smoking** cessation. Smokers with clin. depression were excluded. Treatment consisted of nine weeks of **bupropion** (150 mg a day for the first three days, and then 150 mg twice daily) or placebo, as well as eight weeks of nicotine-patch therapy (21 mg per day during weeks 2 through 7, 14 mg per day during week 8, and 7 mg per day during week 9) or placebo. The target day for quitting **smoking** was usually day 8. Results The abstinence rates at 12 mo were 15.6 percent in the placebo group, as compared with 16.4 percent in the nicotine-patch group, 30.3 percent in the **bupropion** group ($P<0.001$), and 35.5 percent in the group given **bupropion** and the nicotine patch ($P<0.001$). By week 7, subjects in the placebo group had gained an av. of 2.1 kg, as compared with a gain of 1.6 kg in the nicotine-patch group, a gain of 1.7 kg in the **bupropion** group, and a gain of 1.1 kg in the combined-treatment group ($P<0.05$). Wt. gain at seven weeks was significantly less in the combined-treatment group than in the **bupropion** group and the placebo group ($P<0.05$ for both comparisons). A total of 311 subjects (34.8 percent) discontinued one or both medications. Seventy-nine subjects stopped treatment because of adverse events: 6 in the placebo group (3.8 percent), 16 in the nicotine-patch group (6.6 percent), 29 in the **bupropion** group

(11.9 percent), and 28 in the combined-treatment group (11.4 percent). The most common adverse events were insomnia and headache. Conclusions Treatment with sustained-release **bupropion** alone or in combination with a nicotine patch resulted in significantly higher long-term rates of **smoking** cessation than use of either the nicotine patch alone or placebo. Abstinence rates were higher with combination therapy than with **bupropion** alone, but the difference was not statistically significant.

L36 ANSWER 3 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 1999044592 EMBASE
TI Treatment of smokeless tobacco addiction with **bupropion** and behavior modification [6].
AU Berigan T.R.; Deagle III E.A.
CS Dr. T.R. Berigan, 82D Airborne Division, Fort Bragg, NC, United States
SO Journal of the American Medical Association, (20 Jan 1999) 281/3 (233). Refs: 5
ISSN: 0098-7484 CODEN: JAMAAP
CY United States
DT Journal; Letter
FS 032 Psychiatry
037 Drug Literature Index
040 Drug Dependence, Alcohol Abuse and Alcoholism
LA English
CT Medical Descriptors:
***drug dependence: DT, drug therapy**
***smoking cessation**
*behavior modification
drug dependence treatment
drug efficacy
human
male
case report
adult
letter
priority journal
Drug Descriptors:
*smokeless tobacco
***amfebutamone: DT, drug therapy**
***amfebutamone: PD, pharmacology**
nicotine
RN (smokeless tobacco) 64706-31-6; (amfebutamone) **31677-93-7**, **34911-55-2**; (nicotine) 54-11-5

L36 ANSWER 4 OF 93 HCAPLUS COPYRIGHT 1999 ACS
AN 1999:24870 HCAPLUS
TI Noncompetitive functional inhibition at diverse, human nicotinic acetylcholine receptor subtypes by **bupropion**, phencyclidine, and ibogaine
AU Fryer, John D.; Lukas, Ronald J.
CS Division of Neurobiology, Barrow Neurological Institute, Phoenix, AZ, USA
SO J. Pharmacol. Exp. Ther. (1999), 288(1), 88-92
CODEN: JPETAB; ISSN: 0022-3565
PB American Society for Pharmacology and Experimental Therapeutics
DT Journal
LA English
CC 1 (Pharmacology)
AB Nicotinic acetylcholine receptors (nAChR) are diverse members of the neurotransmitter-gated ion channel superfamily and play crit. roles in chem. signaling throughout the nervous system. The present study establishes the acute functional effects of **bupropion**, phencyclidine, and ibogaine on two human nAChR subtypes. Function of muscle-type nAChR (.alpha.1.beta..gamma..delta.) in TE671/RD cells or of ganglionic nAChR (.alpha.3.beta.4.alpha.5.+-..beta.2) in SH-SY5Y

neuroblastoma cells was measured with 86Rb+ efflux assays. Functional blockade of human muscle-type and ganglionic nAChR is produced by each of the drugs in the low to intermediate micromolar range. Functional blockade is insurmountable by increasing agonist concns. in TE671/RD and SH-SY5Y cells for each of these drugs, suggesting non-competitive inhibition of nAChR function. Based on these findings, we hypothesize that nAChR are targets of diverse substances of abuse and agents used in antiaddiction/**smoking** cessation strategies. We also hypothesize that nAChR play heretofore underappreciated roles in depression and as targets for clin. useful antidepressants.

L36 ANSWER 5 OF 93 HCAPLUS COPYRIGHT 1999 ACS DUPLICATE 2
AN 1999:69001 HCAPLUS
TI Recent advances in the pharmacotherapy of **smoking**
AU Hughes, John R.; Goldstein, Michael G.; Hurt, Richard D.; Shiffman, Saul
CS Department of Psychiatry, University of Vermont, Burlington, UT, 05401-1419, USA
SO JAMA, J. Am. Med. Assoc. (1999), 281(1), 72-76
CODEN: JAMAAP; ISSN: 0098-7484
PB American Medical Association
DT Journal
LA English
CC 4 (Toxicology)
AB Since the 1996 publication of guidelines on **smoking** cessation from the Agency for Health Care Policy and Research and the American Psychiatric Assocn., several new treatments have become available, including nicotine nasal spray, nicotine inhaler, and **bupropion** hydrochloride. In addn., nicotine gum and patch have become available over-the-counter. This article reviews the published literature and US Food and Drug Administration and pharmaceutical company reports on these therapies. Based on this review, clin. logic, and experience, we conclude that pharmacotherapy should be made available to all smokers. All currently available therapies appear to be equally efficacious, approx. doubling the quit rate compared with placebo. Concomitant behavioral or supportive therapy increases quit rates and should be encouraged but not required. Combining patch with gum or patch with **bupropion** may increase the quit rate compared with any single treatment. Because patient characteristics predictive of success with a particular therapy are not yet known, the best treatment choice for an individual patient should be guided by the patient's past experience and preference and the product's adverse effect profile.

L36 ANSWER 6 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 1999060173 EMBASE
TI Lifestyle drugs: One health plan's actions.
SO Formulary, (1999) 34/1 (58+64).
ISSN: 1082-801X CODEN: FORMF
CY United States
DT Journal; Conference Article
FS 030 Pharmacology
036 Health Policy, Economics and Management
037 Drug Literature Index
LA English
CT Medical Descriptors:
*lifestyle
*drug indication
demography
Turner syndrome: CN, congenital disorder
Turner syndrome: DT, drug therapy
Turner syndrome: EP, epidemiology
Noonan syndrome: CN, congenital disorder
Noonan syndrome: DT, drug therapy
Noonan syndrome: EP, epidemiology
decision making

acquired immune deficiency syndrome: DI, diagnosis
acquired immune deficiency syndrome: EP, epidemiology
acquired immune deficiency syndrome: ET, etiology
acne: DI, diagnosis
acne: EP, epidemiology
acne: ET, etiology
diabetic foot: DT, drug therapy
menopause: EP, epidemiology
smoking cessation
depression: DT, drug therapy
behavior modification
weight reduction
obesity: DM, disease management
obesity: DT, drug therapy
human
human tissue
human cell
conference paper
Drug Descriptors:
***sildenafil: DT, drug therapy**
*sildenafil: PD, pharmacology
***retinoic acid: DT, drug therapy**
*retinoic acid: PD, pharmacology
***antifungal agent: DT, drug therapy**
*antifungal agent: PD, pharmacology
***growth hormone: DT, drug therapy**
*growth hormone: PD, pharmacology
***retinoid derivative: DT, drug therapy**
*retinoid derivative: PD, pharmacology
***amfebutamone: DT, drug therapy**
***amfebutamone: PD, pharmacology**
serotonin uptake inhibitor: PD, pharmacology
RN (sildenafil) 139755-83-2; (retinoic acid) 302-79-4; (growth hormone) 36992-73-1, 37267-05-3, 66419-50-9, 9002-72-6; (amfebutamone) **31677-93-7, 34911-55-2**
CN **Wellbutrin sr**

L36 ANSWER 7 OF 93 MEDLINE
AN 1998285501 MEDLINE
DN 98285501
TI **Zyban**: two products, two uses--too confusing? [letter].
AU Bubb M R
SO JAMA, (1998 Jun 3) 279 (21) 1701-2.
Journal code: KFR. ISSN: 0098-7484.
CY United States
DT Letter
LA English
FS Abridged Index Medicus Journals; Priority Journals; Cancer Journals
EM 199808
CT Check Tags: Human
***Bupropion**
Bupropion: TU, therapeutic use
*Dopamine Uptake Inhibitors
Dopamine Uptake Inhibitors: TU, therapeutic use
Drug Combinations
*Fungicides, Industrial
*Maneb
***Smoking Cessation**
*Terminology
*Thiophanate
*Zineb
RN 12122-67-7 (Zineb); 12427-38-2 (Maneb); 23564-05-8 (Thiophanate); **34841-39-9 (Bupropion); 60240-47-3 (Zyban fungicide)**
CN 0 (Dopamine Uptake Inhibitors); 0 (Drug Combinations); 0 (Fungicides,

Industrial)

L36 ANSWER 8 OF 93 MEDLINE
AN 1998129160 MEDLINE
DN 98129160
TI Sustained-release **bupropion** for smoking cessation [letter; comment].
CM Comment on: N Engl J Med 1997 Oct 23;337(17):1195-202
AU Pasternak M
SO NEW ENGLAND JOURNAL OF MEDICINE, (1998 Feb 26) 338 (9) 619-20.
Journal code: NOW. ISSN: 0028-4793.
CY United States
DT Commentary
Letter
LA English
FS Abridged Index Medicus Journals; Priority Journals; Cancer Journals
EM 199804
CT Check Tags: Human
***Bupropion: TU, therapeutic use**
Placebo Effect
Research Design
***Smoking Cessation: MT, methods**
RN **34841-39-9 (Bupropion)**

L36 ANSWER 9 OF 93 MEDLINE
AN 1998451698 MEDLINE
DN 98451698
TI Abstinence rates achieved with buproprion corrected [letter].
AU McClure J B
SO ONCOLOGY, (1998 Sep) 12 (9) 1303.
Journal code: AVP. ISSN: 0890-9091.
CY United States
DT Letter
LA English
FS Priority Journals
EM 199903
EW 19990304
CT Check Tags: Human
***Bupropion: PD, pharmacology**
*Dopamine Uptake Inhibitors: PD, pharmacology
***Smoking Cessation**
RN **34841-39-9 (Bupropion)**
CN 0 (Dopamine Uptake Inhibitors)

L36 ANSWER 10 OF 93 MEDLINE
AN 1998129159 MEDLINE
DN 98129159
TI Sustained-release **bupropion** for smoking cessation [letter; comment].
CM Comment on: N Engl J Med 1997 Oct 23;337(17):1195-202
AU McAfee T; France E
SO NEW ENGLAND JOURNAL OF MEDICINE, (1998 Feb 26) 338 (9) 619; discussion 620.
Journal code: NOW. ISSN: 0028-4793.
CY United States
DT Commentary
Letter
LA English
FS Abridged Index Medicus Journals; Priority Journals; Cancer Journals
EM 199804
CT ***Bupropion: AD, administration & dosage**
Bupropion: AE, adverse effects
Dose-Response Relationship, Drug
***Smoking Cessation: MT, methods**

Weight Gain: DE, drug effects
RN **34841-39-9 (Bupropion)**

L36 ANSWER 11 OF 93 HCAPLUS COPYRIGHT 1999 ACS
AN 1998:744954 HCAPLUS
DN 130:17239
TI Pharmaceutical composition and method combining an antidepressant with an NMDA receptor antagonist, for treating neuropathic **pain**
IN Caruso, Frank S.
PA Algos Pharmaceutical Corp., USA
SO PCT Int. Appl., 22 pp.
CODEN: PIXXD2
DT Patent
LA English
IC ICM A61K031-645
ICS A61K031-485; A61K031-42; A61K031-135; A61K031-55; A61K031-495
CC 63-6 (Pharmaceuticals)
Section cross-reference(s): 1
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 9850044	A1	19981112	WO 98-US9253	19980506
	W: AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GE, GH, GM, GW, HU, ID, IL, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, US, UZ, VN, YU, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
	RW: GH, GM, KE, LS, MW, SD, SZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, ML, MR, NE, SN, TD, TG				
	AU 9874728	A1	19981127	AU 98-74728	19980506
PRAI	US 97-45900		19970507		
	WO 98-US9253		19980506		

AB The neuropathic **pain** alleviating effectiveness of an antidepressant is significantly potentiated by administering the antidepressant prior to, with or following the administration of a nontoxic NMDA receptor antagonist. A pharmaceutical capsule contained chlorimipramine hydrochloride 25, and dextromethorphan hydrobromide 30 mg.
ST pharmaceutical antidepressant NMDA receptor antagonist **pain**; capsule pharmaceutical chlorimipramine dextromethorphan **pain**
IT Analgesics
Antipsychotics
Anxiolytics
Capsules (drug delivery systems)
Intramuscular injections
NMDA antagonists
Narcotics
Tablets (drug delivery systems)
Tricyclic antidepressants
(pharmaceutical compn. and method combining antidepressant with NMDA receptor antagonist, for treating neuropathic **pain**)
IT Antidepressants
(tetracyclic; pharmaceutical compn. and method combining antidepressant with NMDA receptor antagonist, for treating neuropathic **pain**)
IT 9001-66-5
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(inhibitors; pharmaceutical compn. and method combining antidepressant with NMDA receptor antagonist, for treating neuropathic **pain**)
IT 50-33-9, Phenylbutazone, biological studies 50-78-2, Aspirin 53-86-1, Indomethacin 57-27-2, Morphine, biological studies 57-37-4, Benactyzine hydrochloride 57-53-4, Meprobamate 58-25-3, Chlordiazepoxide 58-28-6, Desipramine hydrochloride 58-39-9, Perphenazine 59-63-2, Isocarboxazid 61-68-7, Mefenamic acid 76-42-6, Oxycodone 76-57-3, Codeine 77-07-6, Levorphanol 103-90-2,

Acetaminophen 113-52-0, Imipramine hydrochloride 125-28-0, Dihydrocodeine 125-29-1, Hydrocodone 125-69-9, Dextromethorphan hydrobromide 125-71-3, Dextromethorphan 125-73-5, Dextrorphan 156-51-4, Phenelzine sulfate 303-49-1 521-78-8, Trimipramine maleate 549-18-8, Amitriptylinehydrochloride 644-62-2, Meclofenamic acid 768-94-5, Amantadine 894-71-3, Nortriptyline hydrochloride 1225-55-4, Protriptyline hydrochloride 1229-29-4, Doxepine hydrochloride 3589-21-7, Trimipramine hydrochloride 5104-49-4, Flurbiprofen 10075-24-8, Imipramine pamoate 10347-81-6, Maprotiline hydrochloride 13492-01-8, Tranylcypromine sulfate 14028-44-5, Amoxapine 15307-86-5, Diclofenac 15687-27-1, Ibuprofen 17321-77-6, Clomipramine hydrochloride 19982-08-2, Memantine 21256-18-8, Oxaprozin 22071-15-4, Ketoprofen 22204-53-1, Naproxen 22494-27-5, Flufenisal 22494-42-4, Diflunisal 25332-39-2, Trazodone hydrochloride 26171-23-3, Tolmetin 27203-92-5, Tramadol 29679-58-1, Fenoprofen **31677-93-7**, **Bupropion** hydrochloride 33369-31-2, Zomepirac 36322-90-4, Piroxicam 36330-85-5, Fenbufen 38194-50-2, Sulindac 41340-25-4, Etodolac 42924-53-8, Nabumetone 52371-26-3D, isomers 52371-27-4 56296-78-7, Fluoxetine hydrochloride 59729-33-8, Citalopram 74103-06-3, Ketorolac 78246-49-8, Paroxetine hydrochloride 79559-97-0, Sertraline hydrochloride
RL: BAC (Biological activity or effector, except adverse); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(pharmaceutical compn. and method combining antidepressant with NMDA receptor antagonist, for treating neuropathic **pain**)

IT 50-67-9, Serotonin, biological studies
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(uptake inhibitors; pharmaceutical compn. and method combining antidepressant with NMDA receptor antagonist, for treating neuropathic **pain**)

L36 ANSWER 12 OF 93 WPIDS COPYRIGHT 1999 DERWENT INFORMATION LTD
AN 98-583378 [49] WPIDS
DNC C98-174547
TI New controlled release composition - comprising polymer(s) e.g. ethylcellulose, hydroxyethyl cellulose, or hydroxypropyl methylcellulose having opposing wettability characteristics.
DC A11 A96 B05 B07
IN ODIDI, A; ODIDI, I
PA (ODID-I) ODIDI A; (ODID-I) ODIDI I
CYC 82
PI WO 9847491 A2 981029 (9849)* EN 24 pp A61K009-22
RW: AT BE CH CY DE DK EA ES FI FR GB GH GM GR IE IT KE LS LU MC MW NL OA PT SD SE SZ UG ZW
W: AL AM AT AU AZ BA BB BG BR BY CA CH CN CU CZ DE DK EE ES FI GB GE GH GM GW HU ID IL IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MD MG MK MN MW MX NO NZ PL PT RO RU SD SE SG SI SK SL TJ TM TR TT UA UG US UZ VN YU ZW
CA 2216215 A 981005 (9911) A61K047-38
AU 9868170 A 981113 (9913) A61K009-22
ADT WO 9847491 A2 WO 98-CA274 980403; CA 2216215 A CA 97-2216215 971117; AU 9868170 A AU 98-68170 980403
FDT AU 9868170 A Based on WO 9847491
PRAI US 97-36551 970421
IC ICM A61K009-22; A61K047-38
ICS A61K045-06; A61K047-32
AB WO 9847491 A UPAB: 981210
Controlled release composition comprises: (a) an active substance having a water contact angle (theta) such that the cos theta is between +0.9848 and -0.9848; (b) an intelligent polymer component; and (c) a second intelligent polymer component having opposite wettability characteristics to the first polymer component, the ratio of the polymer components being 1:100- 100:1.
USE - The composition is used for controlled drug delivery of both

high dose, highly soluble hydrophilic and low dose, poorly soluble hydrophobic substances into the gastrointestinal tract. It provides sustained therapeutic effects for over 24 hours.

ADVANTAGE - The composition is not adversely affected by the presence of food and/or enzymes in the gastro-intestinal tract. It is easy and inexpensive to manufacture. Prior art controlled release compositions are affected by the presence of food and/ enzymes in the gastro-intestinal tract such that the active ingredient is not delivered in a consistent manner.

Dwg.0/0

FS CPI
FA AB; DCN
MC CPI: A12-V01; B04-A04; B04-B03A; B04-C02A1; B04-C02A2; B04-C03B; B05-A01B; B05-A03B; B05-B02C; B06-H; B07-H; B10-A15; B10-B04A; B10-C03; B12-M10; B12-M11B

L36 ANSWER 13 OF 93 WPIDS COPYRIGHT 1999 DERWENT INFORMATION LTD
AN 98-250453 [22] WPIDS
CR 91-179288 [25]; 94-324587 [40]; 96-187728 [19]
DNC C98-078030
TI Method of administering medicament, especially to central nervous system - which is metabolised into unwanted metabolites, with levels being increased by gastrointestinal tract absorption and subsequent portal vein entry to liver.
DC B02 B07
IN ELLINWOOD, E H; GUPTA, S K
PA (ELLI-I) ELLINWOOD E H; (GUPT-I) GUPTA S K
CYC 1
PI US 5739136 A 980414 (9822)* 17 pp A61K031-495
ADT US 5739136 A Cont of US 89-422992 891017, CIP of US 91-703049 910517, CIP of US 93-38911 930329, CIP of US 94-321246 941011, US 96-622829 960327
FDT US 5739136 A CIP of US 5198436, CIP of US 5354780, CIP of US 5504086
PRAI US 96-622829 960327; US 89-422992 891017; US 91-703049 910517; US 93-38911 930329; US 94-321246 941011
IC ICM A61K031-495
AB US 5739136 A UPAB: 980604

Method of administering a medicament, to the human body, including the central nervous system (CNS), comprises: (a) selecting a medicament that is metabolised into an unwanted or adverse metabolite, that is increased by gastrointestinal tract absorption and subsequent portal vein entry to the liver; (b) placing the medicament in an intraoral formulation; (c) intraorally administering the formulation so as to bypass the gastrointestinal tract absorption and subsequent portal vein entry to the liver, and thereby to decrease the formation of the unwanted metabolite; (d) increasing the ratio of medicament to unwanted metabolite made available to the body; and (e) using this method over a period of at least one dosage to achieve sustained high levels of the medicament relative to the unwanted metabolite.

ADVANTAGE - The method significantly reduces changes of the medicaments into unwanted metabolites, this reduces the incidence of side effects due to the unwanted metabolites, such as ataxic and incoordination effects. The method also maximises the effect on the body, including the CNS receptors, of the desired medicament (especially antianxiety, anticonvulsant and hypnotic agents), allowing for reduced doses of administration.

Dwg.0/12

FS CPI
FA AB; DCN
MC CPI: B06-D08; B10-B02B; B14-J01B1; B14-J01B4; B14-J07

L36 ANSWER 14 OF 93 MEDLINE
AN 1999094099 MEDLINE
DN 99094099
TI Buspirone use for smoking cessation.

AU Farid P; Abate M A
CS School of Pharmacy, West Virginia University, Morgantown, USA.
SO ANNALS OF PHARMACOTHERAPY, (1998 Dec) 32 (12) 1362-4. Ref: 12
Journal code: BBX. ISSN: 1060-0280.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LA English
FS Priority Journals
EM 199905
EW 19990503
AB The results of buspirone efficacy have been inconsistent and contradictory. The rate of smoking abstinence has been reported to range from 36% to 88% and 16% to 89% in buspirone and placebo treatment groups, respectively. Only one controlled study reported buspirone efficacy in reducing nicotine withdrawal symptoms, although it was based on a small sample population and only 4 weeks of follow-up. The most recent studies have been unable to demonstrate the efficacy of buspirone in smoking cessation or in the relief of withdrawal symptoms. A placebo-controlled, randomized trial with a large number of patients, relatively high doses of buspirone (30-60 mg/d), strict abstinence criteria, long-term follow-up, and the inclusion of smokers with general anxiety or anxiety reported in previous quit attempts is needed to further evaluate buspirone efficacy in smoking cessation and the reduction of nicotine withdrawal symptoms. The treatment effects of buspirone could then be specifically tested as a function of alleviating the anxiety component of the smoking withdrawal syndrome. Finally, buspirone may prove to be an alternative in patients unsuccessful with or unable to tolerate transdermal nicotine therapy. How buspirone compares with **bupropion** therapy for smoking cessation is also unknown.
CT Check Tags: Female; Human; Male
Adult
*Anti-Anxiety Agents: TU, therapeutic use
*Buspirone: TU, therapeutic use
Clinical Trials
Middle Age
***Smoking Cessation**
RN 36505-84-7 (Buspirone)
CN 0 (Anti-Anxiety Agents)

L36 ANSWER 15 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 1998081967 EMBASE
TI Sustained-release **bupropion** for **smoking** cessation [1] (multiple letters).
AU McAfee T.; France E.; Pasternak M.; Hurt R.D.; Sachs D.P.L.; Glover E.D.
CS Dr. T. McAfee, Group Health Coop. of Puget Sound, Seattle, WA 98101, United States
SO New England Journal of Medicine, (26 Feb 1998) 338/9 (619-620). ISSN: 0028-4793 CODEN: NEJMAG
CY United States
DT Journal; Letter
FS 037 Drug Literature Index
040 Drug Dependence, Alcohol Abuse and Alcoholism
LA English
CT Medical Descriptors:
***smoking cessation**
***cigarette smoking**
*drug dependence: DM, disease management
***drug dependence: DT, drug therapy**
risk assessment
insomnia
risk factor
cost benefit analysis

patient compliance
human
letter
priority journal
Drug Descriptors:
***amfebutamone: DO, drug dose**
***amfebutamone: DT, drug therapy**
***amfebutamone: PE, pharmacoeconomics**
*nicotine: TO, drug toxicity
RN (amfebutamone) **31677-93-7, 34911-55-2**; (nicotine) 54-11-5

L36 ANSWER 16 OF 93 HCAPLUS COPYRIGHT 1999 ACS DUPLICATE 3
AN 1998:477725 HCAPLUS
DN 129:239794
TI A multicenter evaluation of the efficacy and safety of 150 and 300 mg/day sustained-release **bupropion** tablets versus placebo in depressed outpatients
AU Reimherr, Frederick W.; Cunningham, Lynn A.; Batey, Sharyn R.; Johnston, J. Andrew; Ascher, John A.
CS University of Utah Medical Center, Salt Lake City, UT, USA
SO Clin. Ther. (1998), 20(3), 505-516
CODEN: CLTHDG; ISSN: 0149-2918
PB Excerpta Medica
DT Journal
LA English
CC 1-11 (Pharmacology)
AB This multicenter, randomized, double-masked, placebo-controlled, parallel-group study compared the antidepressant efficacy and safety of **bupropion** sustained-release (SR) tablets (150 mg given once or twice daily) with those of placebo in outpatients with moderate-to-severe depression. Efficacy was measured by changes in scores on the 17-item Hamilton Rating Scale for Depression (HAM-D) and the Clin. Global Impressions for Severity of Illness (CGI-S) and Clin. Global Impressions for Improvement of Illness (CGI-I) scales. By day 56, both **bupropion** SR treatments were more effective in relieving the symptoms of depression than was placebo. Compared with those receiving placebo, patients in the **bupropion** SR 150- and 300-mg/day groups had reduced symptoms by treatment day 56, as measured on the 17-item HAM-D, CGI-S, and CGI-I scales. **Bupropion** SR was well tolerated, with no serious adverse events reported; 95% of all reported adverse events were of mild or moderate intensity. No clin. significant changes in vital signs, lab. test results, or phys. findings were obsd. A greater mean **wt. loss** was obsd. at the end of treatment in both the **bupropion**-treated groups than in the placebo-treated group. Overall, 150 mg **bupropion** SR administered either once or twice daily was more effective than placebo in treating depression, and once-daily administration appeared to be at least as effective as twice-daily administration.
ST **bupropion** dosage antidepressant
IT Antidepressants
(**bupropion** dosage in relation to efficacy as)
IT **34911-55-2, Bupropion**
RL: ADV (Adverse effect, including toxicity); BAC (Biological activity or effector, except adverse); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(antidepressant activity in humans of different dosages of)

L36 ANSWER 17 OF 93 MEDLINE
AN 1999004815 MEDLINE DUPLICATE 4
DN 99004815
TI **Bupropion** treatment in veterans with posttraumatic stress disorder: an open study.
AU Canive J M; Clark R D; Calais L A; Qualls C; Tuason V B

CS VA Medical Center and the University of New Mexico Health Sciences Center, Albuquerque, 87108, USA.. CANIVE_JOSE_M@Albuquerque.VA.GOV
SO JOURNAL OF CLINICAL PSYCHOPHARMACOLOGY, (1998 Oct) 18 (5) 379-83.
Journal code: HUD. ISSN: 0271-0749.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199904
EW 19990401
AB This study was designed to investigate the efficacy of the antidepressant drug **bupropion** in the treatment of posttraumatic stress **disorder** (PTSD). Seventeen male combat veterans with **chronic** PTSD were treated with **bupropion** in an open-label fashion for 6 weeks. Patients were evaluated with the Clinical Global Impressions Scale for Improvement (CGI-I) at follow-up and rated blindly at baseline and posttreatment with the Clinician Administered PTSD Scale (CAPS), the Hamilton Rating Scale for Depression (HAM-D), and the Hamilton Rating Scale for Anxiety. Three patients discontinued **bupropion** prematurely because of side effects. Of the remaining 14 patients, 10 were classified as treatment responders by the CGI-I. HAM-D scores decreased significantly from baseline to follow-up. The improvement seen in hyperarousal symptoms was significant but was less significant than the change in depressive symptoms. There was no significant change in Intrusion, Avoidance, or total CAPS scores. It was concluded that **bupropion** was well tolerated. Patients who had experienced sexual dysfunction with selective serotonin reuptake inhibitors reported no complaints during **bupropion** treatment. **Bupropion** decreased depressive symptoms and most patients reported global improvement, although PTSD symptoms remained mostly unchanged. Controlled trials should further clarify the role of **bupropion** in the treatment of PTSD.
CT Check Tags: Human; Male
Aged
*Antidepressive Agents, Second-Generation: AD, administration & dosage
Antidepressive Agents, Second-Generation: AE, adverse effects
***Bupropion: AD, administration & dosage**
Bupropion: AE, adverse effects
Chronic Disease
Combat Disorders: DI, diagnosis
***Combat Disorders: DT, drug therapy**
Combat Disorders: PX, psychology
Follow-Up Studies
Middle Age
Personality Inventory: SN, statistics & numerical data
Psychometrics
*Veterans: PX, psychology
RN **34841-39-9 (Bupropion)**
CN 0 (Antidepressive Agents, Second-Generation)

L36 ANSWER 18 OF 93 MEDLINE
AN 1998318934 MEDLINE
DN 98318934
TI Smoking cessation: Part 2--Pharmacologic approaches.
AU Wongwiwatthananukit S; Jack H M; Popovich N G
CS Department of Pharmacy, Faculty of Pharmaceutical Sciences, Chulalongkorn University, Bangkok, Thailand.
SO JOURNAL OF THE AMERICAN PHARMACEUTICAL ASSOCIATION, (1998 May-Jun) 38 (3) 339-53. Ref: 53
Journal code: CIL. ISSN: 1086-5802.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)

LA English
EM 199810
EW 19981001
AB OBJECTIVE: To present the concept of nicotine-replacement therapy (NRT) and the pharmacologic approaches, nonprescription and prescription, to smoking cessation. DATA SOURCES: Current clinical literature. DATA SYNTHESIS: NRT can be delivered through a number of different nicotine-containing dosage forms (e.g., gum, patch, nasal spray, oral inhaler). The Agency for Health Care Policy and Research (AHCPR) recommends using the nicotine patches for routine clinical practice and the American Psychiatric Association (APA) recommends the use of the patches and gum as initial pharmacotherapies for smoking cessation. There are no comparative studies indicating the superiority of one form or another at relieving nicotine withdrawal symptoms. Of the other pharmacologic agents used for smoking cessation, **bupropion** hydrochloride demonstrates the most promise. CONCLUSION: The pharmacist can assist the consumer with the selection of an OTC smoking cessation product and serve as an informational resource to consumers and physicians desiring information on prescription drug products for smoking cessation.
CT Check Tags: Human
Bupropion: TU, therapeutic use
Clonidine: TU, therapeutic use
Drug Interactions
Nicotine: AD, administration & dosage
Nicotine: AE, adverse effects
Nicotine: PK, pharmacokinetics
Pharmacists
***Smoking Cessation**
RN **34841-39-9 (Bupropion)**; 4205-90-7 (Clonidine); 54-11-5 (Nicotine)

L36 ANSWER 19 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 1998090527 EMBASE
TI Continuing education quiz.
SO Hospital Pharmacy, (1998) 33/2 (226-227).
ISSN: 0018-5787 CODEN: HOPHAZ
CY United States
DT Journal; Note
FS 017 Public Health, Social Medicine and Epidemiology
037 Drug Literature Index
039 Pharmacy
LA English
CT Medical Descriptors:
***seizure: DT, drug therapy**
smoking cessation
continuing education
patient counseling
drug marketing
note
Drug Descriptors:
***amfebutamone: DT, drug therapy**
***amfebutamone: PD, pharmacology**
***valproic acid: DT, drug therapy**
*valproic acid: PD, pharmacology
RN (amfebutamone) **31677-93-7, 34911-55-2**; (valproic acid) 1069-66-5, 99-66-1

L36 ANSWER 20 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 1998268484 EMBASE
TI Hepatitis C and depression.
AU Yates W.R.; Gleason O.
CS Dr. W.R. Yates, Department of Psychiatry, 2808 South Sheridan Road, Tulsa, OK 74129, United States. william-yates@ouhsc.edu
SO Depression and Anxiety, (1998) 7/4 (188-193).

Refs: 23
ISSN: 1091-4269 CODEN: DEANF5
CY United States
DT Journal; Article
FS 017 Public Health, Social Medicine and Epidemiology
032 Psychiatry
037 Drug Literature Index
038 Adverse Reactions Titles
048 Gastroenterology
LA English
SL English
AB Although the incidence of hepatitis C virus (HCV) is declining, a large reservoir of patients with **chronic** hepatitis C exists. Unless effective HCV antiviral regimens are developed, many patients with asymptomatic HCV will develop clinical symptoms in the next 15 to 20 years. Mood **disorders** are common in patients with HCV referred for psychiatric consultation. Interferon is the primary treatment for **chronic** hepatitis C but can induce depression and other mental and neuropsychiatric syndromes. Mood **disorders** associated with hepatitis C may respond to psychiatric intervention. Psychiatrists need to be aware of the clinical issues in the diagnosis and treatment of depression complicating **chronic** hepatitis C.
CT Medical Descriptors:
*hepatitis c: DI, diagnosis
***hepatitis c: DT, drug therapy**
*hepatitis c: EP, epidemiology
*depression: CO, complication
*depression: DI, diagnosis
***depression: DT, drug therapy**
*depression: SI, side effect
chronic hepatitis: DI, diagnosis
chronic hepatitis: DT, drug therapy
chronic hepatitis: EP, epidemiology
virus hepatitis: DI, diagnosis
virus hepatitis: DT, drug therapy
virus hepatitis: EP, epidemiology
mental disease: CO, complication
mental disease: DI, diagnosis
mental disease: DT, drug therapy
mental disease: SI, side effect
drug induced disease: CO, complication
drug induced disease: DI, diagnosis
drug induced disease: DT, drug therapy
drug induced disease: SI, side effect
psychiatric diagnosis
prevalence
practice guideline
delirium: SI, side effect
human
major clinical study
article
priority journal
Drug Descriptors:
*interferon: AE, adverse drug reaction
***interferon: DT, drug therapy**
*antidepressant agent: AE, adverse drug reaction
*antidepressant agent: DO, drug dose
*antidepressant agent: IT, drug interaction
***antidepressant agent: DT, drug therapy**
*antidepressant agent: PK, pharmacokinetics
*tricyclic antidepressant agent: AE, adverse drug reaction
*tricyclic antidepressant agent: DO, drug dose
*tricyclic antidepressant agent: IT, drug interaction
***tricyclic antidepressant agent: DT, drug therapy**

*tricyclic antidepressant agent: PK, pharmacokinetics
*serotonin uptake inhibitor: DO, drug dose
***serotonin uptake inhibitor: DT, drug therapy**
*serotonin uptake inhibitor: PK, pharmacokinetics
***amfebutamone: DO, drug dose**
***amfebutamone: DT, drug therapy**
***amfebutamone: PK, pharmacokinetics**
*venlafaxine: DO, drug dose
***venlafaxine: DT, drug therapy**
*venlafaxine: PK, pharmacokinetics
benzodiazepine: IT, drug interaction
alcohol: IT, drug interaction
RN (amfebutamone) **31677-93-7, 34911-55-2**; (venlafaxine) 93413-69-5; (benzodiazepine) 12794-10-4; (alcohol) 64-17-5

L36 ANSWER 21 OF 93 MEDLINE
AN 1998219543 MEDLINE
DN 98219543
TI Utilization of nicotine nasal spray in smoking cessation.
AU Montalto N J; Garrett S D
CS Robert C Byrd Health Sciences Center of West Virginia University, Charleston 25301, USA.
SO JOURNAL OF THE AMERICAN OSTEOPATHIC ASSOCIATION, (1998 Mar) 98 (3) 160-4. Journal code: G90. ISSN: 0098-6151.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
EM 199807
EW 19980703
AB It is widely accepted that nicotine replacement therapy can help patients to quit smoking. Recent approval by the US Food and Drug Administration of a nicotine nasal spray gives clinicians greater flexibility in choosing the best replacement therapy for a particular patient. Four types of smoking cessation therapy are currently available (gum, patch, nasal spray, and **bupropion**). These differ with respect to their onset and duration of action, adverse effects, and cost. This article focuses on which patients may benefit most from the use of nicotine nasal spray. Instructions for proper administration and dosing of the nicotine nasal spray are discussed as well as how to taper it appropriately, and how to avoid--and manage--adverse effects. Additionally, the cost of the nicotine nasal spray is reviewed and compared with over-the-counter products and **bupropion**. Resources for behavioral support are provided as well.
CT Check Tags: Case Report; Female; Human; Male
Administration, Inhalation
Aerosols
*Nicotine: AD, administration & dosage
***Smoking Cessation: MT, methods**
RN 54-11-5 (Nicotine)
CN 0 (Aerosols)

L36 ANSWER 22 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 1999010048 EMBASE
TI Breaking the nicotine habit.
AU Setness P.A.; Hoel D.
SO Postgraduate Medicine, (1998) 104/6 (155-156). ISSN: 0032-5481 CODEN: POMDAS
CY United States
DT Journal; (Short Survey)
FS 006 Internal Medicine
015 Chest Diseases, Thoracic Surgery and Tuberculosis
017 Public Health, Social Medicine and Epidemiology
037 Drug Literature Index
040 Drug Dependence, Alcohol Abuse and Alcoholism
LA English

SL English
AB **Nicotine** is a powerful **addictive** drug. When you take a puff on a cigarette, your brain quickly gets the message that it wants more of the chemicals you're feeding it. That's why quitting **smoking** is just as hard, sometimes harder, than getting off drugs like cocaine or heroin. However, several new medications and devices have come along that can help you quit.
CT Medical Descriptors:
***smoking cessation**
drug dependence: DT, drug therapy
drug dependence: PC, prevention
drug dependence: TH, therapy
transdermal patch
nebulization
metered dose inhaler
medical specialist
treatment planning
health care
health service
transdermal drug administration
intranasal drug administration
inhalational drug administration
short survey
Drug Descriptors:
***amfebutamone: DT, drug therapy**
***nicotine gum: DT, drug therapy**
RN (amfebutamone) **31677-93-7, 34911-55-2**; (nicotine gum) 96055-45-7
CN **Zyban**

L36 ANSWER 23 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 1998089448 EMBASE
TI Strategies in preserving lung health and preventing COPD and associated diseases: The National Lung Health Education Program (NLHEP).
AU Bailey W.C.; Ferguson G.T.; Higgins M.; Hudson L.D.; Miller R.D.; Masferrer R.; Nair S.; Rennard S.I.; Petty T.L.; Shure D.; Hindi-Alexander M.; Weinmann G.; Hurd S.S.
SO Chest, (1998) 113/2 SUPPL. (123S-163S).
Refs: 156
ISSN: 0012-3692 CODEN: CHETBF
CY United States
DT Journal; General Review
FS 006 Internal Medicine
015 Chest Diseases, Thoracic Surgery and Tuberculosis
017 Public Health, Social Medicine and Epidemiology
036 Health Policy, Economics and Management
037 Drug Literature Index
LA English
CT Medical Descriptors:
*chronic obstructive lung disease: DI, diagnosis
***chronic obstructive lung disease: DT, drug therapy**
*chronic obstructive lung disease: EP, epidemiology
*chronic obstructive lung disease: ET, etiology
*chronic obstructive lung disease: PC, prevention
*chronic obstructive lung disease: RH, rehabilitation
*chronic obstructive lung disease: TH, therapy
*asthma: DI, diagnosis
***asthma: DT, drug therapy**
*asthma: EP, epidemiology
*asthma: ET, etiology
*asthma: PC, prevention
*asthma: RH, rehabilitation
*asthma: TH, therapy
*chronic bronchitis: DI, diagnosis

***chronic bronchitis: DT, drug therapy**
*chronic bronchitis: EP, epidemiology
*chronic bronchitis: ET, etiology
*chronic bronchitis: PC, prevention
*chronic bronchitis: RH, rehabilitation
*chronic bronchitis: TH, therapy
*lung emphysema: DI, diagnosis
***lung emphysema: DT, drug therapy**
*lung emphysema: ET, etiology
*lung emphysema: PC, prevention
*lung emphysema: RH, rehabilitation
*lung emphysema: TH, therapy
health program
health care policy
treatment planning
primary prevention
primary medical care
clinical feature
risk factor
pathophysiology
mortality
morbidity
socioeconomics
cigarette smoking
early diagnosis
spirometry
thorax radiography
patient education
smoking cessation
drug choice
oxygen therapy
human
oral drug administration
transdermal drug administration
intranasal drug administration
inhalational drug administration
review
priority journal
Drug Descriptors:
***cholinergic receptor blocking agent: DT, drug therapy**
***bronchodilating agent: DT, drug therapy**
*nicotine gum
***amfebutamone**
***corticosteroid: DT, drug therapy**
***mucolytic agent: DT, drug therapy**
theophylline: DO, drug dose
theophylline: DT, drug therapy
prednisone: DO, drug dose
prednisone: DT, drug therapy
atropine: DT, drug therapy
ipratropium bromide: DT, drug therapy
guaifenesin: DT, drug therapy
antibiotic agent: DT, drug therapy
acetylcysteine: DT, drug therapy
proteinase inhibitor: DT, drug therapy
antioxidant: DT, drug therapy
RN (nicotine gum) 96055-45-7; (amfebutamone) **31677-93-7, 34911-55-2**; (theophylline) 58-55-9, 5967-84-0, 8055-07-0, 8061-56-1, 99007-19-9; (prednisone) 53-03-2; (atropine) 51-55-8, 55-48-1; (ipratropium bromide) 22254-24-6; (guaifenesin) 93-14-1; (acetylcysteine) 616-91-1; (proteinase inhibitor) 37205-61-1

L36 ANSWER 24 OF 93 MEDLINE DUPLICATE 5
AN 1998148289 MEDLINE

DN 98148289
TI **Bupropion** for **smoking** cessation.
AU Jackson E A
CS University of Connecticut School of Medicine, Hartford, USA..
ejackson2@stfranciscare.org
SO JOURNAL OF FAMILY PRACTICE, (1998 Feb) 46 (2) 111-2.
Journal code: I4L. ISSN: 0094-3509.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 199805
EW 19980503
CT Check Tags: Human
Adult
*Antidepressive Agents, Second-Generation: AD, administration & dosage
***Bupropion: AD, administration & dosage**
Delayed-Action Preparations
Double-Blind Method
Middle Age
Randomized Controlled Trials
Reproducibility of Results
***Smoking Cessation: MT, methods**
***Tobacco Use Disorder: DT, drug therapy**
Treatment Outcome
RN **34841-39-9 (Bupropion)**
CN 0 (Antidepressive Agents, Second-Generation); 0 (Delayed-Action Preparations)

L36 ANSWER 25 OF 93 MEDLINE DUPLICATE 6
AN 1998276784 MEDLINE
DN 98276784
TI Reversal of atypical depression, sleepiness, and REM-sleep propensity in **narcolepsy** with **bupropion**.
AU Rye D B; Dihenia B; Bliwise D L
CS Department of Neurology, Emory University School of Medicine, Emory Sleep Disorders Center, Wesley Woods Hospital, Atlanta, Georgia, USA.
NC AG-10643 (NIA)
NS-35345 (NINDS)
SO DEPRESSION AND ANXIETY, (1998) 7 (2) 92-5.
Journal code: CSP. ISSN: 1091-4269.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199810
EW 19981002
AB We successfully treated a 46-year-old **narcoleptic** woman suffering from atypical depression with **bupropion** hydrochloride. Diagnostic evaluation revealed a Beck Depression Inventory (BDI) score of 24, a short nocturnal REM-sleep latency, subjective and objective sleepiness (mean sleep latency (MSL) = 1.8 minutes), and three sleep onset REM-sleep periods during the five nap multiple sleep latency test. **Bupropion** (100 mg t.i.d.) normalized her mood (BDI = 6), sleepiness (MSL = 9.1 minutes), and REM-sleep propensity. Upon discontinuation of **bupropion**, these parameters reverted to pretreatment levels. This "activating" antidepressant's reversal of the sleepiness and REM-sleep propensity in **narcolepsy** may be due to blockade of dopamine or norepinephrine reuptake. Clinicians need to be alert to the fact that depression can mask the diagnosis of **narcolepsy**. **Bupropion** warrants further investigation as a treatment for **narcolepsy** in an open-label, double-blind, placebo-controlled paradigm.

CT Check Tags: Case Report; Female; Human; Support, U.S. Gov't, P.H.S.
*Antidepressive Agents, Second-Generation: TU, therapeutic use
***Bupropion: TU, therapeutic use**
Depressive Disorder: DI, diagnosis
***Depressive Disorder: DT, drug therapy**
Depressive Disorder: PX, psychology
Dopamine: ME, metabolism
Middle Age
Narcolepsy: DI, diagnosis
***Narcolepsy: DT, drug therapy**
Narcolepsy: PX, psychology
Sleep Disorders: DI, diagnosis
***Sleep Disorders: DT, drug therapy**
Sleep Disorders: PX, psychology
*Sleep, REM: DE, drug effects
RN **34841-39-9 (Bupropion)**; 51-61-6 (Dopamine)
CN 0 (Antidepressive Agents, Second-Generation)

L36 ANSWER 26 OF 93 MEDLINE DUPLICATE 7
AN 1998212987 MEDLINE
DN 98212987
TI Diagnosis and treatment of depression in late life.
AU Zisook S; Downs N S
CS Department of Psychiatry, University of California, San Diego, La Jolla 92093-0603, USA.
SO JOURNAL OF CLINICAL PSYCHIATRY, (1998) 59 Suppl 4 80-91.
Journal code: HIC. ISSN: 0160-6689.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199806
EW 19980604
AB Major depression and dysthymia are common and often disabling **disorders** in late life. Several features of late-life depression, such as its frequent association with general medical conditions, polypharmacy, cognitive disturbances, and adverse life events, make accurate diagnosis a substantial clinical challenge. Yet, prompt diagnosis is an important component of implementing appropriate treatment strategies. An ideal treatment program integrates patient and family education, focused psychotherapy, and pharmacotherapy. Because of pharmacokinetic and pharmacodynamic changes associated with aging, lower doses of medication and more gradual dose increases than are required in younger adults are needed in the treatment of elderly depressed patients. In addition, medications should be selected that have minimal antihistaminic, anticholinergic, and antiadrenergic effects, minimal cardiovascular risk, and minimal drug-drug interactions. Since depression in late life tends to be at least as **chronic** and/or recurrent as depression earlier in life, treatment for acute depressive episodes should last at least 6-8 months, and long-term maintenance treatment should be considered in selected individuals.
CT Check Tags: Human
Adult
Age Factors
Aged
Antidepressive Agents: TU, therapeutic use
Bupropion: TU, therapeutic use
Cognition Disorders: DI, diagnosis
Cognition Disorders: DT, drug therapy
Cognition Disorders: EP, epidemiology
Combined Modality Therapy
Comorbidity
*Depressive Disorder: DI, diagnosis
Depressive Disorder: EP, epidemiology

*Depressive Disorder: TH, therapy
Drug Administration Schedule
Dysthymic Disorder: DI, diagnosis
Dysthymic Disorder: EP, epidemiology
Dysthymic Disorder: TH, therapy
Electroconvulsive Therapy
Family
Health Education
Life Change Events
Middle Age
Patient Education
Prevalence
Psychiatric Status Rating Scales
Psychotherapy
Severity of Illness Index
RN **34841-39-9 (Bupropion)**
CN 0 (Antidepressive Agents)

L36 ANSWER 27 OF 93 MEDLINE
AN 1999078250 MEDLINE
DN 99078250
TI Drug therapy to aid in smoking cessation. Tips on maximizing patients' chances for success.
AU Dale L C; Hurt R D; Hays J T
CS Nicotine Dependence Center, Mayo Clinic, Rochester, MN 55905, USA.
SO POSTGRADUATE MEDICINE, (1998 Dec) 104 (6) 75-8, 83-4. Ref: 11
Journal code: PFK. ISSN: 0032-5481.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 199903
EW 19990305
AB The arsenal of pharmacologic agents available for smoking cessation has expanded in the last few years, and it is likely to continue to do so. It is important that practicing physicians keep abreast of new methods as they become available and encourage patients who smoke to undertake cessation measures. Nicotine-replacement therapy is available in gum, patch, nasal spray, or inhaler form, and **bupropion** therapy aids in smoking cessation through dopaminergic activity. The foundation of effective intervention is likely to remain unchanged: an individualized plan addressing behavioral, addictive, pharmacologic, and relapse-prevention components. In addition to the necessary information about treatment choices, physicians should offer motivation, support, and follow-up to their patients who wish to quit smoking.
CT Check Tags: Human
Administration, Cutaneous
Administration, Inhalation
Administration, Intranasal
Bupropion: AD, administration & dosage
Dopamine Uptake Inhibitors: AD, administration & dosage
Nicotine: AD, administration & dosage
***Smoking Cessation: MT, methods**
RN **34841-39-9 (Bupropion)**; 54-11-5 (Nicotine)
CN 0 (Dopamine Uptake Inhibitors)

L36 ANSWER 28 OF 93 HCAPLUS COPYRIGHT 1999 ACS DUPLICATE 8
AN 1998:260927 HCAPLUS
DN 128:303546
TI **Bupropion** sustained release and **smoking** cessation
AU Goldstein, Michael G.
CS Miriam Hospital, Department of Psychiatry and Human Behavior, School of

Medicine, Brown University, Providence, RI, USA
SO J. Clin. Psychiatry (1998), 59(Suppl. 4), 66-72
CODEN: JCLPDE; ISSN: 0160-6689
PB Physicians Postgraduate Press
DT Journal; General Review
LA English
CC 1-0 (Pharmacology)
AB A review with 40 refs. The identification of **nicotine dependence** as a psychiatric disorder and increased knowledge of nicotine's neuropharmacol. effects have stimulated researchers to search for new pharmacol. interventions for **smoking** cessation. After reviewing the efficacy and safety of **bupropion** sustained release (SR) as an agent for treating **smoking** cessation, the Food and Drug Administration recently approved the use of **bupropion** SR for this indication. This paper reviews nicotine's pharmacol. effects and the factors contributing to the development of **nicotine dependence**, the general principles and strategies for treating **nicotine dependence**, and the evidence for the efficacy of **bupropion** SR as a treatment for **smoking** cessation. The release of **bupropion** SR as a treatment for **smoking** cessation may provide clinicians with addnl. opportunities to address **smoking** cessation with their patients.
ST review **bupropion nicotine dependence** **smoking** cessation
IT Drug dependence
(**bupropion** sustained release for **smoking** cessation in humans)
IT Behavior (animal)
(**smoking**; **bupropion** sustained release for **smoking** cessation in humans)
IT 54-11-5, Nicotine
RL: ADV (Adverse effect, including toxicity); BIOL (Biological study)
(**bupropion** sustained release for **smoking** cessation in humans)
IT **34911-55-2, Bupropion**
RL: ADV (Adverse effect, including toxicity); BAC (Biological activity or effector, except adverse); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(**bupropion** sustained release for **smoking** cessation in humans)

L36 ANSWER 29 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 1998329516 EMBASE
TI Tobacco/nicotene dependence and cessation therapies.
AU Davis W.M.
CS Dr. W.M. Davis, Department of Pharmacology, Res. Inst. of Pharmaceutical Sci., University of Mississippi, University, MS, United States
SO Drug Topics, (7 Sep 1998) 142/17 (60-69).
ISSN: 0012-6616 CODEN: DGTNA7
CY United States
DT Journal; General Review
FS 037 Drug Literature Index
039 Pharmacy
040 Drug Dependence, Alcohol Abuse and Alcoholism
LA English
CT Medical Descriptors:
***smoking cessation**
health hazard
patient education
carcinogenesis
coronary artery disease
mutation
stroke
passive smoking

human
oral drug administration
transdermal drug administration
intranasal drug administration
review
Drug Descriptors:
*tobacco
***nicotine: DT, drug therapy**
*nicotine: PR, pharmaceutics
***amfebutamone: DT, drug therapy**
nicotine gum
RN (nicotine) 54-11-5; (amfebutamone) **31677-93-7, 34911-55-2**; (nicotine gum) 96055-45-7
CN Nicotine polacrilex

L36 ANSWER 30 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 1999078184 EMBASE
TI **Smoking** cessation.
AU Perrier H.
CS H. Perrier, Rexall Pharmacy, Gloucester, Ont., Canada
SO Canadian Pharmaceutical Journal, (1998) 131/10 (19).
ISSN: 0828-6914 CODEN: CPJOAC
CY Canada
DT Journal; (Short Survey)
FS 017 Public Health, Social Medicine and Epidemiology
032 Psychiatry
037 Drug Literature Index
038 Adverse Reactions Titles
039 Pharmacy
LA English
CT Medical Descriptors:
***smoking cessation**
***cigarette smoking**
drug dependence: DT, drug therapy
drug dependence: TH, therapy
drug delivery system
drug induced disease: SI, side effect
headache: SI, side effect
nausea: SI, side effect
vertigo: SI, side effect
rash: SI, side effect
sleep disorder: SI, side effect
herbal medicine
acupuncture
hypnosis
human
oral drug administration
transdermal drug administration
short survey
Drug Descriptors:
*nicotine gum: AE, adverse drug reaction
*nicotine gum: AD, drug administration
*nicotine gum: CB, drug combination
***nicotine gum: DT, drug therapy**
*nicotine: AE, adverse drug reaction
*nicotine: AD, drug administration
*nicotine: CB, drug combination
***nicotine: DT, drug therapy**
***amfebutamone: AE, adverse drug reaction**
***amfebutamone: CB, drug combination**
***amfebutamone: DT, drug therapy**
RN (nicotine gum) 96055-45-7; (nicotine) 54-11-5; (amfebutamone) **31677-93-7, 34911-55-2**
CN **Zyban**; Nicorette; Nicotrol

L36 ANSWER 31 OF 93 MEDLINE
AN 1998171373 MEDLINE
DN 98171373
TI Antidepressant drug helps smoking cessation.
AU Anonymous
SO HARVARD HEART LETTER, (1998 Feb) 8 (6) 7-8.
Journal code: C2Z. ISSN: 1051-5313.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS K
EM 199805
EW 19980503
CT Check Tags: Human
*Antidepressive Agents, Second-Generation: TU, therapeutic use
***Bupropion: TU, therapeutic use**
***Smoking Cessation: MT, methods**
Weight Gain: DE, drug effects
RN **34841-39-9 (Bupropion)**
CN 0 (Antidepressive Agents, Second-Generation)

L36 ANSWER 32 OF 93 MEDLINE
AN 97465745 MEDLINE
DN 97465745
TI Treating tobacco **addiction--nicotine** or no **nicotine**? [editorial; comment].
CM Comment on: N Engl J Med 1997 Oct 23;337(17):1195-202
AU Benowitz N L
SO NEW ENGLAND JOURNAL OF MEDICINE, (1997 Oct 23) 337 (17) 1230-1.
Journal code: NOW. ISSN: 0028-4793.
CY United States
DT Commentary
Editorial
LA English
FS Abridged Index Medicus Journals; Priority Journals; Cancer Journals
EM 199712
EW 19971204
CT Check Tags: Human
*Antidepressive Agents: TU, therapeutic use
***Bupropion: TU, therapeutic use**
*Nicotine: TU, therapeutic use
Nortriptyline: TU, therapeutic use
***Smoking Cessation: MT, methods**
Substance Withdrawal Syndrome: DT, drug therapy
Tobacco Use Disorder: DT, drug therapy
RN **34841-39-9 (Bupropion)**; 54-11-5 (Nicotine); 72-69-5 (Nortriptyline)
CN 0 (Antidepressive Agents)

L36 ANSWER 33 OF 93 MEDLINE
AN 97360971 MEDLINE
DN 97360971
TI Two products join ranks of smoking cessation treatments [news].
AU Anonymous
SO AMERICAN JOURNAL OF HEALTH-SYSTEM PHARMACY, (1997 Jul 1) 54 (13) 1478.
Journal code: CBH. ISSN: 1079-2082.
CY United States
DT News Announcement
LA English
FS Priority Journals
EM 199711
EW 19971104
CT Check Tags: Human

Administration, Inhalation
Bupropion: AD, administration & dosage
***Bupropion: TU, therapeutic use**
Cholinergic Agents: AD, administration & dosage
*Cholinergic Agents: TU, therapeutic use
Neurotransmitter Uptake Inhibitors: AD, administration & dosage
*Neurotransmitter Uptake Inhibitors: TU, therapeutic use
Nicotine: AD, administration & dosage
*Nicotine: TU, therapeutic use
***Smoking Cessation**
RN **34841-39-9 (Bupropion)**; 54-11-5 (Nicotine)
CN 0 (Cholinergic Agents); 0 (Neurotransmitter Uptake Inhibitors)

L36 ANSWER 34 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 1998005065 EMBASE
TI Tobacco addiction: Implications for treatment and cancer prevention.
AU Cinciripini P.M.; Hecht S.S.; Henningfield J.E.; Manley M.W.; Kramer B.S.
CS Dr. P.M. Cinciripini, Department of Behavioral Science, U. T. M. D. Anderson Cancer Center, Box 243, 1515 Holcombe Blvd., Houston, TX 77302, United States. pcinciri@notes.mdacc.tmc.edu
SO Journal of the National Cancer Institute, (1997) 89/24 (1852-1867).
Refs: 160
ISSN: 0027-8874 CODEN: JNCIAM
CY United Kingdom
DT Journal; General Review
FS 015 Chest Diseases, Thoracic Surgery and Tuberculosis
016 Cancer
017 Public Health, Social Medicine and Epidemiology
037 Drug Literature Index
040 Drug Dependence, Alcohol Abuse and Alcoholism
LA English
SL English
AB The American Society of Clinical Oncology and the National Cancer Institute convened a symposium in June 1996 on tobacco addiction. Additional support for the symposium was provided by the American Medical Women's Association and the American Society of Preventive Oncology. The goals of this conference were to describe the burden and public health consequences of tobacco addiction, to describe the state of science for the treatment of **nicotine dependence**, and to explore new strategies to increase quit rates and to prevent the uptake of tobacco use. This article summarizes and integrates the meeting presentations on tobacco addiction and includes the topics of **smoking** prevalence; psychobiologic aspects of **nicotine dependence**; and implications for disease, treatment, and prevention. Comments on regulatory approaches and national strategies for reducing dependence are also summarized in presentations by Dr. David Kessler, former Food and Drug Administration Commissioner, and Dr. C. Everett Koop, former U.S. Surgeon General.
CT Medical Descriptors:
***addiction: DT, drug therapy**
***smoking**
*lung cancer: EP, epidemiology
*lung cancer: PC, prevention
medical society
prevalence
smoking cessation
mortality
cancer prevention
chemoprophylaxis
cancer risk
cancer epidemiology
self help
policy
food and drug administration

human
review
Drug Descriptors:
*phenethyl isothiocyanate: DV, drug development
***nicotine gum: DT, drug therapy**
***amfebutamone: DT, drug therapy**
*tobacco
*smokeless tobacco
carcinogen
psychotropic agent: DT, drug therapy
antidepressant agent: DT, drug therapy
dopamine uptake inhibitor: DT, drug therapy
RN (phenethyl isothiocyanate) 2257-09-2; (nicotine gum) 96055-45-7; (amfebutamone) **31677-93-7, 34911-55-2**; (smokeless tobacco) 64706-31-6
CN **(1) Zyban**
CO (1) Glaxo

L36 ANSWER 35 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 97207623 EMBASE
DN 1997207623
TI Two products join ranks of **smoking** cessation treatments.
SO American Journal of Health-System Pharmacy, (1997) 54/13 (1478). ISSN: 1079-2082 CODEN: AHSPEK
CY United States
DT Journal; Note
FS 006 Internal Medicine
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
039 Pharmacy
LA English
CT Medical Descriptors:
***smoking cessation**
cigarette smoking
clinical trial
controlled study
coughing: SI, side effect
drug approval
drug formulation
food and drug administration
human
inhalational drug administration
insomnia: SI, side effect
note
patient counseling
priority journal
treatment outcome
xerostomia: SI, side effect
Drug Descriptors:
***amfebutamone: DO, drug dose**
***amfebutamone: AD, drug administration**
***amfebutamone: PD, pharmacology**
***amfebutamone: PK, pharmacokinetics**
***amfebutamone: PR, pharmaceutics**
***amfebutamone: DT, drug therapy**
***amfebutamone: AE, adverse drug reaction**
***amfebutamone: CT, clinical trial**
*nicotine: AD, drug administration
*nicotine: AE, adverse drug reaction
*nicotine: PK, pharmacokinetics
*nicotine: PR, pharmaceutics
***nicotine: DT, drug therapy**
*nicotine: DO, drug dose

placebo
wellbutrin sr
unclassified drug
RN (amfebutamone) **31677-93-7, 34911-55-2**; (nicotine) 54-11-5
CN **(1) Zyban; (2) Zyban**; (3) Nicotrol; **Wellbutrin sr**
CO (1) Glaxo; (2) Burroughs wellcome; (3) Mcneil

L36 ANSWER 36 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 97326956 EMBASE
DN 1997326956
TI Treating tobacco **addiction - Nicotine** or no **nicotine**?.
AU Benowitz N.L.
CS Dr. N.L. Benowitz, University of California, San Francisco, CA 94143-1220, United States
SO New England Journal of Medicine, (1997) 337/17 (1230-1231).
Refs: 17
ISSN: 0028-4793 CODEN: NEJMAG
CY United States
DT Journal; Editorial
FS 006 Internal Medicine
017 Public Health, Social Medicine and Epidemiology
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
CT Medical Descriptors:
***cigarette smoking**
***smoking cessation**
addiction: DT, drug therapy
clinical trial
drug efficacy
drug mechanism
drug safety
editorial
human
hypertension: SI, side effect
priority journal
seizure: SI, side effect
Drug Descriptors:
***amfebutamone: AE, adverse drug reaction**
***amfebutamone: CT, clinical trial**
***amfebutamone: DO, drug dose**
***amfebutamone: DT, drug therapy**
***amfebutamone: PD, pharmacology**
nicotine: DT, drug therapy
nicotine: PD, pharmacology
nortriptyline: CT, clinical trial
nortriptyline: DT, drug therapy
nortriptyline: PD, pharmacology
RN (amfebutamone) **31677-93-7, 34911-55-2**; (nicotine) 54-11-5; (nortriptyline) 72-69-5, 894-71-3

L36 ANSWER 37 OF 93 HCAPLUS COPYRIGHT 1999 ACS DUPLICATE 9
AN 1997:702929 HCAPLUS
DN 128:10227
TI A comparison of sustained-release **bupropion** and placebo for **smoking** cessation
AU Hurt, Richard D.; Sachs, David P. L.; Glover, Elbert D.; Offord, Kenneth P.; Johnston, J. Andrew; Dale, Lowell C.; Khayrallah, Moise A.; Schroeder, Darrell R.; Glover, Penny N.; Sullivan, C. Rollynn; Croghan, Ivana T.; Sullivan, Pamela M.
CS Nicotine Res. Cent., Mayo Clinic Mayo Foundation, Rochester, MN, USA

SO N. Engl. J. Med. (1997), 337(17), 1195-1202
CODEN: NEJMAG; ISSN: 0028-4793
PB Massachusetts Medical Society
DT Journal
LA English
CC 1-11 (Pharmacology)
AB Background and Methods: Trials of antidepressant medications for **smoking** cessation have had mixed results. We conducted a double-blind, placebo-controlled trial of a sustained-release form of **bupropion** for **smoking** cessation. We excluded smokers with current depression, but not those with a history of major depression. The 615 subjects were randomly assigned to receive placebo or **bupropion** at a dose of 100, 150, or 300 mg per day for seven weeks. The target quitting date (or "target quit date") was one week after the beginning of treatment. Brief counseling provided at base line, weekly during treatment, and at 8, 12, 26, and 52 wk. Self-reported abstinence was confirmed by a carbon monoxide concn. in expired air of 10 ppm or less. Results: At the end of seven weeks of treatment, the rates of **smoking** cessation as confirmed by carbon monoxide measurements were 19.0 percent in the placebo group, 28.8 percent in the 00-mg group, 38.6 percent in the 150-mg group, and 44.2 percent in the 300-mg group (P<0.001). At one year the resp. rates were 12.4 percent, 19.6 percent, 22.9 percent, and 23.1 percent. The rates for the 150-mg group (P=0.2) and the 300-mg group (P=0.01) - but not the 100-mg group (P=0.09) - were significantly better than those for the placebo group. Among the subjects who were continuously abstinent through the end of treatment, the mean abs. wt. gain was inversely assocd. with the dose (a gain of 2.9 kg in the placebo group, 2.3 kg in 100-mg and 150-mg groups, and 1.5 kg in the 300-mg group; P=0.02). No effects of treatment were obsd. on depression scores as measured serially by the Beck Depression Inventory. Thirty-seven subjects stopped treatment prematurely because of adverse events; the frequently was similar among all groups. Conclusions: A sustained-release form of **bupropion** was effective for **smoking** cessation and was accompanied by reduced wt. gain and minimal side effects. Many participants in all groups were **smoking** at one year.
ST **bupropion smoking** cessation antidepressant depression
IT Antidepressants
Body weight
Drug dependence
Tobacco smoke
(sustained-release **bupropion** for **smoking** cessation in humans)
IT **34911-55-2, Bupropion**
RL: ADV (Adverse effect, including toxicity); BAC (Biological activity or effector, except adverse); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(sustained-release **bupropion** for **smoking** cessation in humans)

L36 ANSWER 38 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 97213452 EMBASE
DN 1997213452
TI Dual diagnosis in primary care: Detecting and treating both the addiction and mental illness.
AU Ziedonis D.; Brady K.
CS Dr. D. Ziedonis, 34 Park Street, New Haven, CT 06508, United States
SO Medical Clinics of North America, (1997) 81/4 (1017-1036).
Refs: 53
ISSN: 0025-7125 CODEN: MCNAA
CY United States
DT Journal; General Review
FS 032 Psychiatry
037 Drug Literature Index

LA English
SL English
AB The initial phase of treatment includes engaging the patient in a discussion about the doctor's concerns and providing patients with information about the problems as well as the possibility of change. Treatment of dual dissoders often requires a heightened awareness of the consequences of the problem and the development of a realistic plan for change. The treatment plan must attempt to evaluate and treat the addiction and the psychiatric and medical illnesses.
CT Medical Descriptors:
*addiction
*mental disease
affective neurosis: DI, diagnosis
affective neurosis: DT, drug therapy
alcoholism: DI, diagnosis
anxiety neurosis: DT, drug therapy
anxiety neurosis: DI, diagnosis
attention deficit disorder: DT, drug therapy
attention deficit disorder: DI, diagnosis
depression: DT, drug therapy
depression: DI, diagnosis
feeding disorder: DI, diagnosis
feeding disorder: DT, drug therapy
mental test
neurosis: DI, diagnosis
neurosis: DT, drug therapy
panic: DI, diagnosis
panic: DT, drug therapy
patient referral
personality disorder: DI, diagnosis
personality disorder: DT, drug therapy
posttraumatic stress disorder: DI, diagnosis
posttraumatic stress disorder: DT, drug therapy
priority journal
psychosocial care
review
smoking cessation
social phobia: DT, drug therapy
social phobia: DI, diagnosis
Drug Descriptors:
***amfebutamone: DV, drug development**
***amfebutamone: DT, drug therapy**
*antidepressant agent: DV, drug development
***antidepressant agent: DT, drug therapy**
*buspirone: DV, drug development
***buspirone: DT, drug therapy**
***nefazodone: DT, drug therapy**
*nefazodone: DV, drug development
*psychostimulant agent: DV, drug development
***psychostimulant agent: DT, drug therapy**
***serotonin uptake inhibitor: DT, drug therapy**
*serotonin uptake inhibitor: DV, drug development
***tricyclic antidepressant agent: DT, drug therapy**
*tricyclic antidepressant agent: DV, drug development
beta adrenergic receptor blocking agent: DT, drug therapy
beta adrenergic receptor blocking agent: DV, drug development
clonidine: DT, drug therapy
clonidine: DV, drug development
RN (amfebutamone) **31677-93-7, 34911-55-2**; (buspirone) 33386-08-2, 36505-84-7; (nefazodone) 82752-99-6, 83366-66-9; (clonidine) 4205-90-7, 4205-91-8, 57066-25-8

L36 ANSWER 39 OF 93 HCAPLUS COPYRIGHT 1999 ACS
AN 1997:593632 HCAPLUS

DN 127:257089
TI Pharmacokinetics of **bupropion** and its metabolites in cigarette smokers versus nonsmokers
AU Hsyu, Poe-Hirr; Singh, Ashish; Giargiari, Tracie D.; Dunn, John A.; Ascher, John A.; Johnston, J. Andrew
CS Glaxo Wellcome, Inc., Research Triangle Park, NC, 27709, USA
SO J. Clin. Pharmacol. (1997), 37(8), 737-743
CODEN: JCPCBR; ISSN: 0091-2700
PB Lippincott-Raven
DT Journal
LA English
CC 1-2 (Pharmacology)
Section cross-reference(s): 4
AB **Bupropion** is an antidepressant agent that is also effective as an aid to quit cigarette **smoking**. A single 150-mg tablet of sustained-release **bupropion** hydrochloride was administered to two groups of volunteers, cigarette smokers and nonsmokers, who were matched for race, gender, body frame, age, and wt. Pharmacokinetic parameters were calcd. for **bupropion**, and three major metabolites (**hydroxybupropion** and the aminoalc. isomers, **threohydrobupropion** and **erythrohydrobupropion**, expressed as a composite total). Mean values of area under the concn.-time curve from time 0 extrapolated to infinity (AUC0-.infin.), max. concn. (Cmax), time to reach Cmax (tmax), and half-life (t1/2) of **bupropion** in smokers and nonsmokers, resp., were 1,164 ng.cntdot.hr/mL and 1,161 ng.cntdot.hr/mL; 144 ng/mL and 143 ng/mL; 3.00 h and 2.88 h; and 19 h and 18 h. No clin. significant differences between smokers and nonsmokers or between male and female volunteers were obsd. for the pharmacokinetics of **bupropion** or its metabolites. The absence of pharmacokinetic differences indicates that dosage adjustments are not necessary when **bupropion** is prescribed to male and female cigarette smokers.
ST **bupropion** metabolite pharmacokinetics cigarette smoker
IT Pharmacokinetic drug interactions
Tobacco smoke
(pharmacokinetics of **bupropion** and metabolites in human cigarette smokers vs. nonsmokers)
IT **34911-55-2, Bupropion**
RL: BPR (Biological process); BIOL (Biological study); PROC (Process)
(pharmacokinetics of **bupropion** and metabolites in human cigarette smokers vs. nonsmokers)
IT 92264-81-8 187099-19-0 196212-22-3
RL: BPR (Biological process); MFM (Metabolic formation); BIOL (Biological study); FORM (Formation, nonpreparative); PROC (Process)
(pharmacokinetics of **bupropion** and metabolites in human cigarette smokers vs. nonsmokers)

L36 ANSWER 40 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 97235872 EMBASE
DN 1997235872
TI **Zyban: Smoking**-cessation aid.
SO Formulary, (1997) 32/7 (662).
ISSN: 0098-6909 CODEN: FORMF
CY United States
DT Journal; Note
FS 017 Public Health, Social Medicine and Epidemiology
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
CT Medical Descriptors:
***smoking cessation**
clinical trial
depression: DT, drug therapy
drug efficacy

drug indication
human
insomnia: SI, side effect
neurotoxicity: SI, side effect
note
oral drug administration
sustained release preparation
transdermal drug administration
xerostomia: SI, side effect
Drug Descriptors:
***amfebutamone: CT, clinical trial**
***amfebutamone: CB, drug combination**
***amfebutamone: DO, drug dose**
***amfebutamone: DT, drug therapy**
***amfebutamone: PR, pharmaceutics**
***amfebutamone: PD, pharmacology**
***amfebutamone: AE, adverse drug reaction**
***antidepressant agent: DT, drug therapy**
*antidepressant agent: PD, pharmacology
*antidepressant agent: PR, pharmaceutics
*antidepressant agent: CB, drug combination
*antidepressant agent: DO, drug dose
*antidepressant agent: CT, clinical trial
*antidepressant agent: AE, adverse drug reaction
nicotine: CT, clinical trial
nicotine: AD, drug administration
nicotine: CB, drug combination
nicotine: PD, pharmacology
RN (amfebutamone) **31677-93-7, 34911-55-2**; (nicotine) 54-11-5
CN **(1) Zyban; Wellbutrin**
CO (1) Glaxo

L36 ANSWER 41 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 97377292 EMBASE
DN 1997377292
TI Behavioral and pharmacologic approaches to **smoking** cessation.
AU Anderson C.B.; Wetter D.W.
CS C.B. Anderson, UT M.D. Anderson Cancer Center, Department of Behavioral Science, Box 243, 1515 Holcombe Blvd., Houston, TX 77030-4095, United States
SO Cancer and Metastasis Reviews, (1997) 16/3-4 (393-404).
Refs: 65
ISSN: 0167-7659 CODEN: CMRED4
CY Netherlands
DT Journal; General Review
FS 017 Public Health, Social Medicine and Epidemiology
030 Pharmacology
037 Drug Literature Index
LA English
SL English
AB Cigarette **smoking** continues to be the single, most preventable cause of death and disability in the United States. For individuals who have cancer, continuing to smoke negatively impacts their treatment, survival, and risk for second primary tumors. This review of behavioral and pharmacological approaches to **smoking** cessation focuses on the recent comprehensive review of cessation interventions by the Agency for Health Care Policy and Research (AHCPR), as well as on new developments in the field. An intervention model is outlined that provides oncologists with a brief and easily implemented method of systematically treating patients who smoke. By assessing patient **smoking** status, advising **smoking** patients to quit, and proactively assisting their patients in quitting, oncologists can significantly influence patient health and fulfill their professional and ethical

responsibility to address this life-threatening behavior.
CT Medical Descriptors:
*behavior modification
***cigarette smoking**
***smoking cessation**
anxiety
clinical trial
depression: DT, drug therapy
human
intranasal drug administration
practice guideline
priority journal
problem solving
review
self help
social support
substitution therapy
transdermal drug administration
Drug Descriptors:
***amfebutamone: CT, clinical trial**
***amfebutamone: DT, drug therapy**
*buspirone: CT, clinical trial
*clonidine: CT, clinical trial
*nicotine: CT, clinical trial
*nicotine gum: CT, clinical trial
*phenylpropanolamine: CT, clinical trial
anorexigenic agent: CT, clinical trial
antidepressant agent: CT, clinical trial
antidepressant agent: DT, drug therapy
anxiolytic agent: CT, clinical trial
placebo: CT, clinical trial
RN (amfebutamone) **31677-93-7, 34911-55-2**; (buspirone) 33386-08-2, 36505-84-7; (clonidine) 4205-90-7, 4205-91-8, 57066-25-8; (nicotine) 54-11-5; (nicotine gum) 96055-45-7; (phenylpropanolamine) 14838-15-4, 154-41-6, 4345-16-8, 48115-38-4
CN Nicotine polacrilex

L36 ANSWER 42 OF 93 HCAPLUS COPYRIGHT 1999 ACS DUPLICATE 10
AN 1997:536489 HCAPLUS
DN 127:185769
TI Comparison of fluoxetine, **bupropion**, and placebo in the treatment of **premenstrual** dysphoric disorder
AU Pearlstein, Teri B.; Stone, Andrea B.; Lund, Sally A.; Scheft, Harriet; Zlotnick, Caron; Brown, Walter A.
CS Department of Psychiatry and Human Behavior, Brown University School of Medicine, Providence, RI, USA
SO J. Clin. Psychopharmacol. (1997), 17(4), 261-266
CODEN: JCPYDR; ISSN: 0271-0749
PB Williams & Wilkins
DT Journal
LA English
CC 1-11 (Pharmacology)
AB Serotonergic antidepressants have been shown to be effective treatments for **premenstrual** dysphoric disorder (PMDD). The efficacy of nonserotonergic antidepressants is less well studied. This study was a two-center, parallel design, placebo-controlled, randomized trial of fluoxetine, **bupropion**, and placebo in women with PMDD. Thirty-four women with PMDD completed 1 mo of single-blind placebo and 2 mo of fluoxetine 20 mg/day (N = 10), **bupropion** 100 mg three times daily (N = 12), or placebo (N = 12). Clin. Global Impressions (CGI) Scale, an expanded form of the Hamilton Rating Scale for Depression (HAM-D), and Global Assessment Scale (GAS) ratings were obtained **premenstrually** in each of the three treatment cycles. The three treatment groups differed significantly in efficacy by CGI ratings.

Fluoxetine was superior to both **bupropion** and placebo. Comparison of posttreatment to pretreatment HAM and GAS scores demonstrated significant superior efficacy of fluoxetine compared with placebo. Posttreatment HAM and GAS scores for **bupropion** were intermediate between but not significantly different from fluoxetine or placebo. In summary, fluoxetine was significantly superior to **bupropion** and placebo as an effective treatment for PMDD. Although some improvement with **bupropion** was noted, and both medications were well tolerated, patient satisfaction was far greater with fluoxetine.

ST fluoxetine **bupropion premenstrual** syndrome antidepressant

IT Antidepressants
Premenstrual syndrome
(comparison of fluoxetine, **bupropion**, and placebo in the treatment of **premenstrual** dysphoric disorder in humans)

IT **34911-55-2, Bupropion** 54910-89-3, Fluoxetine
RL: BAC (Biological activity or effector, except adverse); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(comparison of fluoxetine, **bupropion**, and placebo in the treatment of **premenstrual** dysphoric disorder in humans)

L36 ANSWER 43 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 97298863 EMBASE
DN 1997298863
TI Chronic **pain** in the setting of Parkinson's disease and depression.
AU Stein W.M.; Read S.
CS Dr. W.M. Stein, 5455 Sylmar Avenue, Sherman Oaks, CA 90401, United States
SO Journal of Pain and Symptom Management, (1997) 14/4 (255-258).
Refs: 7
ISSN: 0885-3924 CODEN: JPSMEU
PUI S 0885-3924(97)00176-0
CY United States
DT Journal; Article
FS 008 Neurology and Neurosurgery
037 Drug Literature Index
LA English
SL English
AB A 65-year-old woman with chronic **pain** was admitted to the hospital for severe recurrent major depression complicating Parkinson's disease (PD). **Pain** complaints were closely related to the fluctuating motor syndrome of PD. Specifically, **pain** was experienced in conjunction with hypomobility, and, as a result, she self-medicated with extra carbidopa/levodopa. A regimen of tramadol and cyclobenzaprine, along with sustained-release carbidopa/levodopa for PD and buproprion for her depression resulted in sustained symptomatic and functional improvement. Craving for, and self medication with, supplemental carbidopa/levodopa ceased. Theoretical support for synergism among dopamine and opioid neurotransmitter systems can be found in recent literature.
CT Medical Descriptors:
*depression: DI, diagnosis
***depression: DT, drug therapy**
***parkinson disease: DT, drug therapy**
*parkinson disease: DI, diagnosis
aged
article
case report
female
functional assessment
human
human cell
human tissue

neurotransmission
pain: DI, diagnosis
pain: ET, etiology
self medication
theory
Drug Descriptors:
***amfebutamone: CM, drug comparison**
***amfebutamone: DT, drug therapy**
*carbidopa plus levodopa: CM, drug comparison
***carbidopa plus levodopa: DT, drug therapy**
*cyclobenzaprine: CM, drug comparison
***cyclobenzaprine: DT, drug therapy**
*tramadol: CM, drug comparison
***tramadol: DT, drug therapy**
RN (amfebutamone) **31677-93-7, 34911-55-2**; (carbidopa plus levodopa) 57308-51-7; (cyclobenzaprine) 303-53-7, 6202-23-9; (tramadol) 27203-92-5, 36282-47-0

L36 ANSWER 44 OF 93 MEDLINE
AN 1998170899 MEDLINE
DN 98170899
TI **Bupropion** treatment of serotonin reuptake antidepressant-associated sexual dysfunction.
AU Labbate L A; Grimes J B; Hines A; Pollack M H
CS Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina and VA Medical Center, Charleston, 29401, USA.
SO ANNALS OF CLINICAL PSYCHIATRY, (1997 Dec) 9 (4) 241-5.
Journal code: BUO. ISSN: 1040-1237.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199807
AB Serotonin reuptake inhibitor (SRI)-induced sexual dysfunction is common, and a number of pharmacologic adjunctive strategies have been employed to treat this vexing problem. This open label study tested the efficacy of adjunctive **bupropion** across several measures of sexual function. Patients taking SRIs for various mood or anxiety disorders who reported prospective decline in sexual function after at least 2 months on SRIs were offered treatment with **bupropion**, 75 mg/day. Eight patients were treated, and sexual function was measured by use of a visual analog scale at 1 month of treatment. Four of eight patients experienced marked improvement in sexual dysfunction following adjunctive **bupropion** treatment. **Bupropion** may be a pharmacologic option for treating SRI-associated sexual dysfunction, though controlled clinical trials are needed.
CT Check Tags: Case Report; Female; Human; Male
Adult
*Antidepressive Agents: AE, adverse effects
Antidepressive Agents: TU, therapeutic use
Antidepressive Agents, Second-Generation: AE, adverse effects
*Antidepressive Agents, Second-Generation: TU, therapeutic use
***Anxiety Disorders: DT, drug therapy**
Anxiety Disorders: PX, psychology
Bupropion: AE, adverse effects
***Bupropion: TU, therapeutic use**
Drug Therapy, Combination
Fluoxetine: AE, adverse effects
Fluoxetine: TU, therapeutic use
Libido: DE, drug effects
Middle Age
***Mood Disorders: DT, drug therapy**
Mood Disorders: PX, psychology
Pain Measurement

Paroxetine: AE, adverse effects
Paroxetine: TU, therapeutic use
*Serotonin Uptake Inhibitors: AE, adverse effects
Serotonin Uptake Inhibitors: TU, therapeutic use
Sex Behavior: DE, drug effects
Sexual Dysfunctions, Psychological: CI, chemically induced
***Sexual Dysfunctions, Psychological: DT, drug therapy**
Treatment Outcome
1-Naphthylamine: AA, analogs & derivatives
1-Naphthylamine: AE, adverse effects
1-Naphthylamine: TU, therapeutic use
RN 134-32-7 (1-Naphthylamine); **34841-39-9 (Bupropion)**; 54910-89-3 (Fluoxetine); 61869-08-7 (Paroxetine); 79617-96-2 (Sertraline)
CN 0 (Antidepressive Agents); 0 (Antidepressive Agents, Second-Generation); 0 (Serotonin Uptake Inhibitors)

L36 ANSWER 45 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 97091392 EMBASE
DN 1997091392
TI Depression and related disorders.
AU Szewczyk M.; Chennault S.A.
CS Dr. M. Szewczyk, Dept. of Family/Community Medicine, Bowman Gray School of Medicine, Wake Forest University, Medical Center Boulevard, Winston-Salem, NC 27157, United States
SO Primary Care - Clinics in Office Practice, (1997) 24/1 (83-101).
Refs: 103
ISSN: 0095-4543 CODEN: PRCADR
CY United States
DT Journal; General Review
FS 010 Obstetrics and Gynecology
032 Psychiatry
037 Drug Literature Index
LA English
SL English
AB Depression in women is common, with biologic, social, and psychological influences. The majority of depressed women present to their primary care physician often to address the depressive symptoms alone or more often physiologic symptoms that are related to their psychological state. An awareness of the relationship between mood disorders and the menstrual cycle, the use of hormonal medications, pregnancy, the postpartum state, and menopause is important. Treatment must be multifaceted and must focus on all factors that may influence a woman's mood and her functioning. Pharmacologic therapy attempts to address the biologic changes that may be present. The recognition that all antidepressants are equally effective enables the physician to tailor medication to the woman's needs and to encourage optimal effectiveness and adherence. Psychological and social interventions must address the personal, social, and work environments of the woman. Culture, race, and ethnicity should be considered when attempting to understand the influence of psychosocial stressors. Whether the physician elects to provide the psychological intervention or make a referral, a collaborative approach to treatment often is more effective and time-efficient for the provider and results in overall improved quality of care. Referrals may include mental health professionals, consultants, nurses, community resources, and support groups. The physician's role is that of patient advocate and health care coordinator; regardless, early recognition, diagnosis, and aggressive treatment of mood disorders promote recovery, prevent recurrence, and impact profoundly on the woman, her family, and the community.
CT Medical Descriptors:
***depression: DT, drug therapy**
*depression: ET, etiology
*depression: TH, therapy
*depression: DI, diagnosis
affective neurosis

bereavement
dysthymia
menstrual cycle
mental deficiency
mood
premenstrual syndrome
priority journal
psychotherapy
puerperal depression
review
risk factor
sex difference
Drug Descriptors:
***amfebutamone: DT, drug therapy**
***antidepressant agent: DT, drug therapy**
***serotonin uptake inhibitor: DT, drug therapy**
RN (amfebutamone) **31677-93-7, 34911-55-2**

L36 ANSWER 46 OF 93 MEDLINE
AN 97413333 MEDLINE
DN 97413333
TI **Bupropion (Zyban)** for smoking cessation.
AU Anonymous
SO MEDICAL LETTER ON DRUGS AND THERAPEUTICS, (1997 Aug 15) 39 (1007) 77-8.
Journal code: M52. ISSN: 0025-732X.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 199710
EW 19971005
CT Check Tags: Human
Bupropion: AE, adverse effects
Bupropion: PK, pharmacokinetics
***Bupropion: TU, therapeutic use**
Clinical Trials
Costs and Cost Analysis
*Dopamine Uptake Inhibitors: TU, therapeutic use
Drug Interactions
***Smoking Cessation**
Tobacco Use Disorder: TH, therapy
RN **34841-39-9 (Bupropion)**
CN 0 (Dopamine Uptake Inhibitors)

L36 ANSWER 47 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 97184743 EMBASE
DN 1997184743
TI Antidepressant offers smokers another way to kick butts.
AU O'Brien E.
SO Drug Topics, (1997) 141/11 (25+28).
ISSN: 0012-6616 CODEN: DGTNA7
CY United States
DT Journal; Note
FS 030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
CT Medical Descriptors:
***smoking cessation**
behavior modification
depression: DT, drug therapy
dose response
human
insomnia: SI, side effect

note
reward
seizure: SI, side effect
withdrawal syndrome: DT, drug therapy
xerostomia: SI, side effect
Drug Descriptors:
***amfebutamone: AE, adverse drug reaction**
***amfebutamone: DV, drug development**
***amfebutamone: DO, drug dose**
***amfebutamone: DT, drug therapy**
*antidepressant agent: DV, drug development
***antidepressant agent: DT, drug therapy**
*nicotine
dopamine
noradrenalin
RN (amfebutamone) **31677-93-7, 34911-55-2**; (nicotine) 54-11-5; (dopamine) 51-61-6, 62-31-7; (noradrenalin) 1407-84-7, 51-41-2
CO Glaxo; Burroughs wellcome

L36 ANSWER 48 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 97371077 EMBASE
DN 1997371077
TI Tobacco update 1997: 'Global settlement' on hold.
AU Kennedy M.
SO Wisconsin Medical Journal, (1997) 96/11 (19-22).
ISSN: 0043-6542 CODEN: WMJOA7
CY United States
DT Journal; General Review
FS 017 Public Health, Social Medicine and Epidemiology
037 Drug Literature Index
LA English
CT Medical Descriptors:
***cigarette smoking**
*industry
*law suit
addiction: DT, drug therapy
addiction: PC, prevention
human
public health
review
smoking cessation
Drug Descriptors:
*alpha adrenergic receptor: EC, endogenous compound
*dopamine receptor: EC, endogenous compound
***drug: DT, drug therapy**
*nicotine
*tobacco
***amfebutamone: DT, drug therapy**
RN (nicotine) 54-11-5; (amfebutamone) **31677-93-7, 34911-55-2**

L36 ANSWER 49 OF 93 MEDLINE
AN 96180618 MEDLINE
DN 96180618
TI **Bupropion** treatment of depression to assist **smoking** cessation [letter].
AU Lief H I
SO AMERICAN JOURNAL OF PSYCHIATRY, (1996 Mar) 153 (3) 442.
Journal code: 3VG. ISSN: 0002-953X.
CY United States
DT Letter
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 199608

CT Check Tags: Case Report; Female; Human
***Bupropion: TU, therapeutic use**
Comorbidity
***Depressive Disorder: DT, drug therapy**
Depressive Disorder: EP, epidemiology
Depressive Disorder: PC, prevention & control
Smoking: EP, epidemiology
***Smoking: PC, prevention & control**
***Smoking Cessation**
Weight Gain
RN **34841-39-9 (Bupropion)**

L36 ANSWER 50 OF 93 MEDLINE
AN 96168061 MEDLINE
DN 96168061
TI Treatment of **chronic fatigue** syndrome with venlafaxine [letter].
AU Goodnick P J
SO AMERICAN JOURNAL OF PSYCHIATRY, (1996 Feb) 153 (2) 294. Journal code: 3VG. ISSN: 0002-953X.
CY United States
DT Letter
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 199605
CT Check Tags: Case Report; Female; Human
Adult
Bupropion: TU, therapeutic use
*Cyclohexanols: TU, therapeutic use
***Fatigue Syndrome, Chronic: DT, drug therapy**
Killer Cells, Natural: DE, drug effects
Killer Cells, Natural: IM, immunology
*Serotonin Uptake Inhibitors: TU, therapeutic use
Treatment Outcome
RN **34841-39-9 (Bupropion)**; 93413-69-5 (venlafaxine)
CN 0 (Cyclohexanols); 0 (Serotonin Uptake Inhibitors)

L36 ANSWER 51 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 96076005 EMBASE
DN 1996076005
TI **Bupropion** treatment of depression to assist **smoking**'s cessation [3].
AU Lief H.I.
SO American Journal of Psychiatry, (1996) 153/3 (442). ISSN: 0002-953X CODEN: AJPSAO
CY United States
DT Journal; Letter
FS 032 Psychiatry
037 Drug Literature Index
040 Drug Dependence, Alcohol Abuse and Alcoholism
LA English
CT Medical Descriptors:
***depression: DT, drug therapy**
***smoking cessation**
case report
cigarette smoking
drug efficacy
drug indication
feeding behavior
female
human
letter
priority journal
weight gain

Drug Descriptors:
***amfebutamone: CM, drug comparison**
***amfebutamone: DT, drug therapy**
*fluoxetine: CM, drug comparison
***fluoxetine: DT, drug therapy**
RN (amfebutamone) **31677-93-7, 34911-55-2;** (fluoxetine) 54910-89-3, 56296-78-7, 59333-67-4

L36 ANSWER 52 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 96130661 EMBASE
DN 1996130661
TI Pharmacotherapy for mood disorders.
AU Rosenbaum A.H.
CS Department of Psychiatry, Harper Hospital, 3990 John R,Detroit, MI 48201, United States
SO Infertility and Reproductive Medicine Clinics of North America, (1996) 7/2 (365-379).
ISSN: 1047-9422 CODEN: IRMCF8
CY United States
DT Journal; General Review
FS 010 Obstetrics and Gynecology
032 Psychiatry
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English
AB **Chronic** and debilitating, affective **disorders** are becoming more common among youth and the elderly population. Depression, a diagnosis that is often missed, is twice as common in women who have been pregnant compared with nulliparous women and men. When diagnosed, it is often untreated. When treated, most patients respond to adequate doses of an antidepressant. Risk factors for recurring depression include a history of two or more depressive episodes; comorbid psychiatric and medical problems; and psychosocial factors, such as heightened vulnerability to the stress of life events.
CT Medical Descriptors:
***depression: DT, drug therapy**
*pregnancy
*stress
affective neurosis: DT, drug therapy
ankle edema: SI, side effect
anticholinergic effect
cardiotoxicity: SI, side effect
dysthymia: DT, drug therapy
fatigue: SI, side effect
female
gastrointestinal symptom: SI, side effect
headache: SI, side effect
human
hypertension: DT, drug therapy
hypertension: SI, side effect
hypothyroidism: SI, side effect
manic depressive psychosis: DT, drug therapy
neurotoxicity: SI, side effect
orthostatic hypotension: SI, side effect
premenstrual syndrome: DT, drug therapy
priapism: SI, side effect
review
sexual dysfunction: SI, side effect
sleep disorder: SI, side effect
side effect
Drug Descriptors:
***amfebutamone: AE, adverse drug reaction**
***amfebutamone: PD, pharmacology**

***amfebutamone: PK, pharmacokinetics**
***amfebutamone: DT, drug therapy**
*lithium: CB, drug combination
*lithium: IT, drug interaction
*lithium: AE, adverse drug reaction
*lithium: PK, pharmacokinetics
*lithium: TO, drug toxicity
*monoamine oxidase inhibitor: CM, drug comparison
*monoamine oxidase inhibitor: IT, drug interaction
***monoamine oxidase inhibitor: DT, drug therapy**
*monoamine oxidase inhibitor: TO, drug toxicity
*monoamine oxidase inhibitor: PD, pharmacology
*monoamine oxidase inhibitor: CB, drug combination
*monoamine oxidase inhibitor: AE, adverse drug reaction
*serotonin uptake inhibitor: CB, drug combination
*serotonin uptake inhibitor: IT, drug interaction
*serotonin uptake inhibitor: AE, adverse drug reaction
*serotonin uptake inhibitor: TO, drug toxicity
***serotonin uptake inhibitor: DT, drug therapy**
*serotonin uptake inhibitor: CM, drug comparison
*serotonin uptake inhibitor: PD, pharmacology
*tricyclic antidepressant agent: AE, adverse drug reaction
***tricyclic antidepressant agent: DT, drug therapy**
*tricyclic antidepressant agent: IT, drug interaction
*tricyclic antidepressant agent: CM, drug comparison
*tricyclic antidepressant agent: PD, pharmacology
*valproic acid: AE, adverse drug reaction
***valproic acid: DT, drug therapy**
(3 chlorophenyl)piperazine: AE, adverse drug reaction
(3 chlorophenyl)piperazine: DT, drug therapy
(3 chlorophenyl)piperazine: PD, pharmacology
carbamazepine: PD, pharmacology
carbamazepine: TO, drug toxicity
carbamazepine: DT, drug therapy
carbamazepine: AE, adverse drug reaction
clomipramine: IT, drug interaction
clomipramine: CB, drug combination
clozapine
fenfluramine: IT, drug interaction
fluoxetine: DT, drug therapy
fluoxetine: CM, drug comparison
fluoxetine: PK, pharmacokinetics
fluoxetine: PD, pharmacology
fluoxetine: AE, adverse drug reaction
fluvoxamine maleate: CM, drug comparison
fluvoxamine maleate: AE, adverse drug reaction
fluvoxamine maleate: DT, drug therapy
fluvoxamine maleate: PK, pharmacokinetics
fluvoxamine maleate: PD, pharmacology
ketoconazole: IT, drug interaction
lithium carbonate: DT, drug therapy
maprotiline: DT, drug therapy
narcotic agent: IT, drug interaction
narcotic agent: CB, drug combination
nefazodone: AE, adverse drug reaction
nefazodone: PD, pharmacology
nefazodone: DT, drug therapy
nefazodone: IT, drug interaction
neuroleptic agent: TO, drug toxicity
nifedipine: DT, drug therapy
paroxetine: PD, pharmacology
paroxetine: PK, pharmacokinetics
paroxetine: CM, drug comparison
paroxetine: AE, adverse drug reaction

paroxetine: DT, drug therapy
phenelzine: AE, adverse drug reaction
phenelzine: DT, drug therapy
sertraline: PK, pharmacokinetics
sertraline: PD, pharmacology
sertraline: DT, drug therapy
sertraline: AE, adverse drug reaction
sertraline: CM, drug comparison
thiazide diuretic agent: IT, drug interaction
tranylcypromine: PK, pharmacokinetics
tranylcypromine: DT, drug therapy
trazodone: DT, drug therapy
tryptophan: IT, drug interaction
unindexed drug
valproate semisodium: AE, adverse drug reaction
valproate semisodium: DT, drug therapy
valproate semisodium: TO, drug toxicity
valproate semisodium: PK, pharmacokinetics
valproate semisodium: PD, pharmacology
venlafaxine: PD, pharmacology
venlafaxine: PK, pharmacokinetics
venlafaxine: DT, drug therapy
venlafaxine: DO, drug dose
venlafaxine: AE, adverse drug reaction
RN (amfebutamone) **31677-93-7, 34911-55-2**; (lithium) 7439-93-2; (valproic acid) 1069-66-5, 99-66-1; ((3 chlorophenyl)piperazine) 6640-24-0; (carbamazepine) 298-46-4, 8047-84-5; (clomipramine) 17321-77-6, 303-49-1; (clozapine) 5786-21-0; (fenfluramine) 404-82-0, 458-24-2; (fluoxetine) 54910-89-3, 56296-78-7, 59333-67-4; (fluvoxamine maleate) 61718-82-9; (ketoconazole) 65277-42-1; (lithium carbonate) 554-13-2; (maprotiline) 10262-69-8, 10347-81-6; (nefazodone) 82752-99-6, 83366-66-9; (nifedipine) 21829-25-4; (paroxetine) 61869-08-7; (phenelzine) 156-51-4, 51-71-8; (sertraline) 79617-96-2; (tranylcypromine) 13492-01-8, 155-09-9, 54-97-7; (trazodone) 19794-93-5, 25332-39-2; (tryptophan) 6912-86-3, 73-22-3; (valproate semisodium) 76584-70-8; (venlafaxine) 93413-69-5
CN Paxil; Zoloft; Luvox; Prozac; Anafranil; Depakote; Tegretol

L36 ANSWER 53 OF 93 HCAPLUS COPYRIGHT 1999 ACS
AN 1995:970985 HCAPLUS
DN 124:44542
TI New antidepressant agents: Recent pharmacological developments leading to improved efficacy
AU Goodnick, Paul J; Benitez, Amparo
CS School Medicine, University Miami, Miami, FL, 33136, USA
SO Expert Opin. Invest. Drugs (1995), 4(10), 935-43
CODEN: EOIDER; ISSN: 0967-8298
DT Journal; General Review
LA English
CC 1-0 (Pharmacology)
AB A review with 42 refs. The disadvantages of the std. tricyclic antidepressants (TCAs) and monoamine oxidase inhibitors (MAOIs), in terms of side-effects and fatal overdose, led to the development and release of seven new antidepressants in the USA in the past eight years with approx. another ten in various stages of development. This paper will focus on how recent advances in biochem. and kinetics have led to improved efficacy. In particular, the more specific 5-HT agents appear effective for "typical" depression and **pain**; the less specific ones for depression assocd. with obsessive-compulsive disorder. The selective serotonin reuptake inhibitors (SSRIs) are particularly suited for treatment of depression assocd. with diabetes mellitus; the serotonin and norepinephrine reuptake inhibitor (SNRI), venlafaxine, for resistant depression; and **bupropion**, for atypical depression. The serotonin receptor modulator (SRM), nefazodone, in contrast, is

particularly suited for the treatment of depression assocd. with insomnia because of its combined SSRI and post-synaptic 5-HT2A/C receptor antagonist effects. In terms of kinetics, important factors include, particularly: elimination half-lives, linearity of kinetics, therapeutic blood levels, effects on hepatic microenzymes, and effects on memory and alertness. Discussion of these seven antidepressants is followed by a brief review of knowledge concerning other potential antidepressants in development.
ST antidepressant efficacy review
IT Antidepressants
(new antidepressant agents: recent pharmacol. developments leading to improved efficacy)

L36 ANSWER 54 OF 93 MEDLINE
AN 96087304 MEDLINE
DN 96087304
TI Eosinophilia associated with **bupropion**.
AU Malesker M A; Soori G S; Malone P M; Mahowald J A; Housel G J
CS Immanuel Medical Center, Omaha, NE, USA.
SO ANNALS OF PHARMACOTHERAPY, (1995 Sep) 29 (9) 867-9.
Journal code: BBX. ISSN: 1060-0280.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199604
AB OBJECTIVE: To describe the first incidence of eosinophilia following administration of **bupropion**. CASE SUMMARY: The patient was a 72-year-old woman admitted for evaluation of chest **pain**. During hospitalization, the eosinophil count reached 0.60 fraction of 1.00, with absolute eosinophil count of 6693 x 10(6)/L and a white blood cell count of 18.5 x 10(9)/L. She had been receiving **bupropion** therapy for 5 days prior to this admission. DISCUSSION: Potential causes of the eosinophilia, including disease states and medications, were reviewed comprehensively and ruled out. A review of the literature (MEDLINE 1966-1994) did not identify previous cases of eosinophilia associated with **bupropion** therapy. Causes of eosinophilia include parasitic infections, allergic diseases, and medication use. A proposed mechanism for the occurrence of eosinophilia in this patient is unknown. CONCLUSIONS: Considering the temporal sequence of events, drugs administered prior to the development of eosinophilia, and the rapid decline of the eosinophil count following discontinuation of the medication, **bupropion** appears to be the precipitating agent.
CT Check Tags: Case Report; Female; Human
Aged
*Antidepressive Agents, Second-Generation: AE, adverse effects
Antidepressive Agents, Second-Generation: TU, therapeutic use
***Bupropion: AE, adverse effects**
Bupropion: TU, therapeutic use
Depression: CO, complications
Depression: DT, drug therapy
Eosinophilia: BL, blood
*Eosinophilia: CI, chemically induced
Leukocyte Count
RN **34841-39-9 (Bupropion)**
CN 0 (Antidepressive Agents, Second-Generation)

L36 ANSWER 55 OF 93 MEDLINE DUPLICATE 11
AN 96116050 MEDLINE
DN 96116050
TI Carbamazepine but not valproate induces **bupropion** metabolism.
AU Ketter T A; Jenkins J B; Schroeder D H; Pazzaglia P J; Marangell L B; George M S; Callahan A M; Hinton M L; Chao J; Post R M
CS Biological Psychiatry Branch, National Institute of Mental Health,

Bethesda, MD 20892, USA.
SO JOURNAL OF CLINICAL PSYCHOPHARMACOLOGY, (1995 Oct) 15 (5) 327-33.
Journal code: HUD. ISSN: 0271-0749.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Priority Journals
EM 199612
AB **Bupropion** (BUP) may be less likely than other antidepressants to cause switches into mania and rapid cycling, suggesting utility in bipolar **disorder**. The combination of BUP with the mood-stabilizing anticonvulsants carbamazepine (CBZ) or valproate (VPA) is a strategy that might further lessen the risk of mania. CBZ induces, and to a lesser extent VPA inhibits the hepatic metabolism of various medications, but their effects on BUP have not been previously studied. Inpatients with mood **disorders** had pharmacokinetic profiles of BUP and metabolites assessed after single, oral, 150-mg doses of BUP while receiving placebo (N = 17) or during **chronic** blind CBZ (N = 12) or VPA (N = 5) monotherapy. CBZ but not VPA therapy decreased BUP peak concentrations (Cmax) by 87% ($p < 0.0001$) and 24-h area under the curve (AUC) by 90% ($p < 0.0001$), threohydrobupropion Cmax by 81% ($p < 0.0009$) and AUC by 86% ($p < 0.002$), and erythropydrobupropion Cmax by 86% ($p < 0.05$) and AUC by 96% ($p < 0.05$). CBZ increased hydroxybupropion (H-BUP) Cmax by 71% ($p < 0.007$) and AUC by 50% ($p < 0.09$) and H-BUP AUC by 94% ($p < 0.02$). Thus, CBZ markedly decreased BUP and increased H-BUP concentrations, whereas VPA did not affect BUP but increased H-BUP concentrations. Further studies are required to determine how these differential effects of CBZ and VPA on BUP pharmacokinetics influence the tolerability and efficacy of combination therapies with these agents.
CT Check Tags: Comparative Study; Human
Adult
Antidepressive Agents: PK, pharmacokinetics
*Antidepressive Agents: TU, therapeutic use
Biotransformation
Bipolar Disorder: BL, blood
***Bipolar Disorder: DT, drug therapy**
***Bupropion: PK, pharmacokinetics**
Bupropion: TU, therapeutic use
Carbamazepine: PK, pharmacokinetics
*Carbamazepine: TU, therapeutic use
Cytochrome P-450: ME, metabolism
Depressive Disorder: BL, blood
***Depressive Disorder: DT, drug therapy**
Dose-Response Relationship, Drug
Double-Blind Method
Drug Administration Schedule
Drug Therapy, Combination
Enzyme Induction: DE, drug effects
Hydroxylases: ME, metabolism
Liver: DE, drug effects
Liver: EN, enzymology
Metabolic Clearance Rate: DE, drug effects
Middle Age
Treatment Outcome
Valproic Acid: PK, pharmacokinetics
*Valproic Acid: TU, therapeutic use
RN 298-46-4 (Carbamazepine); **34841-39-9 (Bupropion)**; 9035-51-2 (Cytochrome P-450); 99-66-1 (Valproic Acid)
CN EC 1.14. (Hydroxylases); EC 1.14.99.- (nifedipine oxidase); 0 (Antidepressive Agents)

L36 ANSWER 56 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.

AN 95288690 EMBASE
DN 1995288690
TI **Bupropion** and sertraline combination treatment in refractory depression.
AU Marshall R.D.; Johannet C.M.; Collins P.Y.; Smith H.; Kahn D.A.; Douglas C.J.
CS New York State Psychiatric Institute, 722 West 168th Street,New York, NY 10032, United States
SO Journal of Psychopharmacology, (1995) 9/3 (284-286).
ISSN: 0269-8811 CODEN: JOPSEQ
CY United Kingdom
DT Journal; Article
FS 030 Pharmacology
032 Psychiatry
037 Drug Literature Index
LA English
SL English
AB A sizeable minority of depressed patients, estimated at 15-20%, suffer **chronic** symptoms which often persist despite appropriate treatment. The search for new, more efficacious pharmacotherapies has included testing existing medications for additional therapeutic effects, such as in combination treatment. Four treatment-refractory patients who presented to the authors for clinical care are described, in which the combination of **bupropion** and sertraline was effective for a major depressive episode. None of the patients experienced adverse effects. Two carried the diagnosis of unipolar depression, and two, bipolar **disorder**. All had prior adequate, but ineffective, separate trials of buproprion and a selective serotonin re-uptake inhibitor (SSRI), including sertraline. All had **chronic** depression with multiple failed medication treatments, arguing against the alternative explanation that their improvement represented a placebo response or spontaneous remission. The efficacious combination of sertraline and **bupropion** may be due to synergism of its two distinct antidepressant mechanisms involving serotonergic, dopaminergic and noradrenergic systems.
CT Medical Descriptors:
***depression: DT, drug therapy**
adult
article
bipolar depression: DT, drug therapy
case report
chronic disease
drug efficacy
drug safety
female
human
male
priority journal
treatment outcome
unipolar depression: DT, drug therapy
Drug Descriptors:
***amfebutamone: CB, drug combination**
***amfebutamone: DT, drug therapy**
*sertraline: CB, drug combination
***sertraline: DT, drug therapy**
serotonin uptake inhibitor: DT, drug therapy
RN (amfebutamone) **31677-93-7, 34911-55-2**; (sertraline) 79617-96-2

L36 ANSWER 57 OF 93 MEDLINE
AN 94350918 MEDLINE
DN 94350918
TI **Bupropion** in chronic low back **pain** [letter].
AU Davidson J R; France R D

SO JOURNAL OF CLINICAL PSYCHIATRY, (1994 Aug) 55 (8) 362.
Journal code: HIC. ISSN: 0160-6689.
CY United States
DT Letter
LA English
FS Priority Journals
EM 199412
CT Check Tags: Case Report; Female; Human; Male
Adult
Back Pain: DI, diagnosis
***Back Pain: DT, drug therapy**
***Bupropion: TU, therapeutic use**
Chronic Disease
Pain Measurement
Treatment Outcome
RN **34841-39-9 (Bupropion)**

L36 ANSWER 58 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 95006758 EMBASE
DN 1995006758
TI Psycho-oncology: Depression, anxiety, delirium.
AU Breitbart W.
CS Psychiatry Service, Memorial Sloan-Kettering Cancer Ctr., Box 421, 1275 York Ave,New York, NY 10021, United States
SO Seminars in Oncology, (1994) 21/6 (754-769).
ISSN: 0093-7754 CODEN: SOLGAV
CY United States
DT Journal; General Review
FS 016 Cancer
032 Psychiatry
037 Drug Literature Index
LA English
CT Medical Descriptors:
***anxiety neurosis: DT, drug therapy**
***delirium: DT, drug therapy**
***depression: DT, drug therapy**
behavior therapy
cancer pain
electroconvulsive therapy
mental disease
priority journal
quality of life
review
suicide
Drug Descriptors:
***amfebutamone: DT, drug therapy**
***amitriptyline: DT, drug therapy**
*amoxapine
***antidepressant agent: DT, drug therapy**
***desipramine: DT, drug therapy**
*dexamphetamine
***doxepin: DT, drug therapy**
***fluoxetine: DT, drug therapy**
***imipramine: DT, drug therapy**
*maprotiline
*mianserin
***nortriptyline: DT, drug therapy**
*paroxetine
*sertraline
***trazodone: DT, drug therapy**
***tricyclic antidepressant agent: DT, drug therapy**
alprazolam: DT, drug therapy
benzodiazepine derivative: DT, drug therapy
chlorpromazine: DT, drug therapy

clonazepam: DT, drug therapy
diazepam: DT, drug therapy
droperidol: DT, drug therapy
haloperidol: DT, drug therapy
hydroxyzine: DT, drug therapy
levomepromazine: DT, drug therapy
lithium carbonate: DT, drug therapy
lorazepam: DT, drug therapy
methylphenidate: DT, drug therapy
midazolam: DT, drug therapy
molindone: DT, drug therapy
monoamine oxidase inhibitor: DT, drug therapy
morphine derivative: DT, drug therapy
neuroleptic agent: DT, drug therapy
oxazepam: DT, drug therapy
pemoline: DT, drug therapy
thioridazine: DT, drug therapy
RN (amfebutamone) **31677-93-7, 34911-55-2**; (amitriptyline) 50-48-6, 549-18-8; (amoxapine) 14028-44-5; (desipramine) 50-47-5, 58-28-6; (dexamphetamine) 1462-73-3, 51-63-8, 51-64-9; (doxepin) 1229-29-4, 1668-19-5; (fluoxetine) 54910-89-3, 56296-78-7, 59333-67-4; (imipramine) 113-52-0, 50-49-7; (maprotiline) 10262-69-8, 10347-81-6; (mianserin) 21535-47-7, 24219-97-4; (nortriptyline) 72-69-5, 894-71-3; (paroxetine) 61869-08-7; (sertraline) 79617-96-2; (trazodone) 19794-93-5, 25332-39-2; (alprazolam) 28981-97-7; (chlorpromazine) 50-53-3, 69-09-0; (clonazepam) 1622-61-3; (diazepam) 439-14-5; (droperidol) 548-73-2; (haloperidol) 52-86-8; (hydroxyzine) 2192-20-3, 64095-02-9, 68-88-2; (levomepromazine) 1236-99-3, 60-99-1, 7104-38-3; (lithium carbonate) 554-13-2; (lorazepam) 846-49-1; (methylphenidate) 113-45-1, 298-59-9; (midazolam) 59467-70-8; (molindone) 15622-65-8, 7416-34-4; (oxazepam) 604-75-1; (pemoline) 2152-34-3; (thioridazine) 130-61-0, 50-52-2

L36 ANSWER 59 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 94283631 EMBASE
DN 1994283631
TI **Bupropion** in chronic low back **pain** [1].
AU Davidson J.R.T.; France R.D.
SO Journal of Clinical Psychiatry, (1994) 55/8 (362).
ISSN: 0160-6689 CODEN: JCLPDE
CY United States
DT Journal; Letter
FS 008 Neurology and Neurosurgery
032 Psychiatry
037 Drug Literature Index
LA English
CT Medical Descriptors:
***low back pain: DT, drug therapy**
***low back pain: DI, diagnosis**
***low back pain: TH, therapy**
adult
case report
clinical trial
echography
female
hamilton scale
heating
human
letter
male
priority journal
self evaluation
somatization
Drug Descriptors:
***amfebutamone: DT, drug therapy**

dextropropoxyphene napsilate: DT, drug therapy
doxepin: DT, drug therapy
paracetamol: DT, drug therapy
RN (amfebutamone) **31677-93-7, 34911-55-2;**
(dextropropoxyphene napsilate) 17140-78-2; (doxepin) 1229-29-4, 1668-19-5;
(paracetamol) 103-90-2

L36 ANSWER 60 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 94109065 EMBASE
DN 1994109065
TI **Bupropion** overdose and seizure.
AU Storrow A.B.
CS Department of Emergency Medicine, Wilford Hall Medical Center/PSAE, Lackland Air Force Base, 2200 Berquist Dr,San Antonio, TX 78236-5300, United States
SO American Journal of Emergency Medicine, (1994) 12/2 (183-184).
ISSN: 0735-6757 CODEN: AJEMEN
CY United States
DT Journal; Article
FS 006 Internal Medicine
037 Drug Literature Index
LA English
SL English
AB There is little experience with overdose of the relatively new antidepressant **bupropion**. The case of an 18-year-old healthy adult female patient after an intentional ingestion of 9 g of **bupropion** is presented. Her hospital course was significant for grand mal seizures, sinus tachycardia without conduction abnormality, and complete neurological recovery. The first **pure bupropion** overdose in the emergency medicine literature is presented, and the literature pertinent to emergent management of this new antidepressant is reviewed.
CT Medical Descriptors:
*seizure: CO, complication
***seizure: DT, drug therapy**
*seizure: ET, etiology
adult
article
case report
drug overdose
female
grand mal epilepsy: ET, etiology
human
intoxication
priority journal
sinus tachycardia: ET, etiology
Drug Descriptors:
***amfebutamone: TO, drug toxicity**
***diazepam: DT, drug therapy**
RN (amfebutamone) **31677-93-7, 34911-55-2;** (diazepam)
439-14-5

L36 ANSWER 61 OF 93 MEDLINE DUPLICATE 12
AN 94299905 MEDLINE
DN 94299905
TI Comparison of **bupropion** and trazodone for the treatment of major depression.
AU Weisler R H; Johnston J A; Lineberry C G; Samara B; Branconnier R J; Billow A A
CS Department of Psychiatry, Duke University, Durham, North Carolina..
SO JOURNAL OF CLINICAL PSYCHOPHARMACOLOGY, (1994 Jun) 14 (3) 170-9.
Journal code: HUD. ISSN: 0271-0749.
CY United States
DT (CLINICAL TRIAL)

Journal; Article; (JOURNAL ARTICLE)
(MULTICENTER STUDY)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Priority Journals
EM 199410
AB **Bupropion** and trazodone were compared in a two-center, double-blind clinical trial of outpatients with moderate to severe major depression. After a 1-week placebo lead-in, 124 patients were randomly assigned to receive either **bupropion** (N = 63) or trazodone (N = 61) for 6 weeks; data from 111 patients were used in the efficacy analysis. Dosing ranged from 225 to 450 mg/day for **bupropion** and 150 to 400 mg/day for trazodone. The overall efficacy for each of the two drugs was similar; although improvement in the trazodone treatment group was significantly greater on day 7 because of the effects on sleep. At the end of treatment, 58% of the **bupropion**-treated patients and 46% of the trazodone-treated patients were considered much or very much improved. Weight measurements at the time of discontinuation indicated a 2.5-lb mean **weight loss** for the **bupropion** treatment group and a 1.2-lb mean weight gain for the trazodone treatment group. The adverse experience profiles for **bupropion** and trazodone were consistent with their known pharmacologic profiles (i.e., activating versus sedating). Anorexia and anxiety were reported significantly more often for the **bupropion** treatment group, whereas somnolence, appetite increase, and edema were reported significantly more often for the trazodone treatment group.
CT Check Tags: Comparative Study; Female; Human; Male; Support, Non-U.S. Gov't
Adult
Bupropion: AE, adverse effects
***Bupropion: TU, therapeutic use**
***Depressive Disorder: DT, drug therapy**
Double-Blind Method
Drug Administration Schedule
Trazodone: AE, adverse effects
*Trazodone: TU, therapeutic use
RN 19794-93-5 (Trazodone); **34841-39-9 (Bupropion)**

L36 ANSWER 62 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 94053901 EMBASE
DN 1994053901
TI **Bupropion** overdose: A 3-year multi-center retrospective analysis.
AU Spiller H.A.; Ramoska E.A.; Krenzelok E.P.; Sheen S.R.; Borys D.J.; Villalobos D.; Muir S.; Jones-Easom L.
CS Emergency Services, Methodist Hospital, 2301 S Broad St,Philadelphia, PA 19148, United States
SO American Journal of Emergency Medicine, (1994) 12/1 (43-45). ISSN: 0735-6757 CODEN: AJEMEN
CY United States
DT Journal; Article
FS 006 Internal Medicine
032 Psychiatry
037 Drug Literature Index
052 Toxicology
LA English
SL English
AB **Bupropion** (**Wellbutrin**; Burroughs Welcome Co, Research Triangle Park, NC) is a unique monocyclic antidepressant about which there is limited overdose information. A retrospective analysis of all **bupropion** ingestions reported to five regional poison control centers from 1989 through 1991 was conducted. There were 58 cases of **bupropion** ingestion and nine cases of combined **bupropion** and benzodiazepine ingestion. Sinus tachycardia was the only toxic

cardiovascular effect noted, except for one case of hypotension in the **bupropion** and benzodiazepine group. Neurological toxicity was commonly encountered and included lethargy, tremors, and seizures. Both benzodiazepines and phenytoin were efficacious in controlling seizures. Five cases of **pure bupropion** overdose had electrolytes reported. Serum potassium ranged from 2.6 to 4.2 mEq/L (mean, 3.3 mEq/L). In overdose, **bupropion** seems to lack major cardiovascular toxicity; however, it does manifest significant neurological toxicity.

CT Medical Descriptors:
*depression
*drug overdose: DI, diagnosis
*drug overdose: ET, etiology
*drug overdose: TH, therapy
adolescent
adult
aged
anticonvulsant therapy
article
cardiotoxicity: ET, etiology
child
drug efficacy
female
human
hypotension: ET, etiology
lethargy: ET, etiology
major clinical study
male
multicenter study
neurotoxicity: ET, etiology
poison center
potassium blood level
priority journal
retrospective study
seizure: ET, etiology
seizure: DT, drug therapy
sinus tachycardia: ET, etiology
stomach lavage
tremor: ET, etiology
Drug Descriptors:
***amfebutamone: TO, drug toxicity**
*benzodiazepine: CB, drug combination
***benzodiazepine: DT, drug therapy**
*benzodiazepine: TO, drug toxicity
***diazepam: DT, drug therapy**
*diazepam: TO, drug toxicity
***lorazepam: DT, drug therapy**
*phenytoin: CB, drug combination
***phenytoin: DT, drug therapy**
anticonvulsive agent: DT, drug therapy

RN (amfebutamone) **31677-93-7, 34911-55-2**; (benzodiazepine) 12794-10-4; (diazepam) 439-14-5; (lorazepam) 846-49-1; (phenytoin) 57-41-0, 630-93-3

CN **(1) Wellbutrin**

CO (1) Burroughs wellcome (United States)

L36 ANSWER 63 OF 93 WPIDS COPYRIGHT 1999 DERWENT INFORMATION LTD

AN 93-368392 [46] WPIDS

DNC C93-163441

TI Treatment of the negative symptoms in schizophrenia patients - using dopamine and/or noradrenergic re-uptake inhibitors e.g. mazindol.

DC B02 B05

IN CHARNEY, D S; KRYSTAL, J H; SEIBYL, J P

PA (UYYA) UNIV YALE

CYC 20

PI WO 9321917 A1 931111 (9346)* EN 19 pp A61K031-415
RW: AT BE CH DE DK ES FR GB GR IE IT LU MC NL PT SE
W: AU CA JP
AU 9342386 A 931129 (9411) A61K031-415
US 5447948 A 950905 (9541) 5 pp A61K031-415
ADT WO 9321917 A1 WO 93-US4331 930507; AU 9342386 A AU 93-42386 930507; US 5447948 A US 92-880127 920507
FDT AU 9342386 A Based on WO 9321917
PRAI US 92-880127 920507
REP 1.Jnl.Ref ; US 5177081; US 5190965
IC ICM A61K031-415
ICS A61K031-445
AB WO 9321917 A UPAB: 940103
Treatment of the negative symptoms of schizophrenia using a dopamine and/or noradrenergic reuptake inhibitor is new.
USE/ADVANTAGE - Non-reinforcing dopamien reuptake inhibitors (I) e.g. mazindol which bind to the dopamine reuptake protein can be used to treat schizophrenic patients suffering from negative symptoms (cause dby dopamien defficiency), or those whose treatment with antipsychotics (to reduce dopamine levels) for positive symptoms results in the appearance of negative symptoms. Where it is possible that increased dopamine levels will induce positive symptoms, antipsychotic agents may be use din a combined prepn. designed to balance the conflicting dopamine requirements. Treatment is prophylactic or therapeutic.
Dwg.0/0
FS CPI
FA AB; DCN
MC CPI: B04-A01; B06-D16; B07-D05; B10-B03B; B12-C10; B12-E06

L36 ANSWER 64 OF 93 MEDLINE DUPLICATE 13
AN 94367167 MEDLINE
DN 94367167
TI Report on efficacy of treatments for bipolar disorder.
AU Gelenberg A J; Hopkins H S
CS Department of Psychiatry, College of Medicine, University of Arizona, Tucson 85724.
SO PSYCHOPHARMACOLOGY BULLETIN, (1993) 29 (4) 447-56. Ref: 74
Journal code: QG1. ISSN: 0048-5764.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LA English
EM 199412
AB Nearly one percent of adults in the United States suffer from bipolar **disorder**, a severe, **chronic**, and life-threatening disease. This **disorder** involves periodic episodes of mania and depression. At least 80 percent of patients who have an initial episode of mania will have one or more subsequent episodes. Because recurring episodes have a cumulative deteriorative effect on functioning and treatment response, the sooner bipolar patients are diagnosed and treated, the better their changes are for recovery. With optimal treatment, a bipolar patient can regain approximately 7 years of life, 10 years of effective major activity, and 9 years of normal health, which otherwise would have been lost due to the illness. For treatment purposes, bipolar **disorder** is divided into three stages: acute mania, acute depression, and maintenance. Lithium is the standard treatment for acute mania, and its effectiveness is solidly supported by experimental evidence. Rigorous studies over the past 40 years involving hundreds of patients have repeatedly shown the efficacy of lithium therapy, with approximately 80 percent of subjects responding favorably. For those who do not, several other drugs and nonpharmacologic therapies are available that have shown high success rates in well-standardized trials. The anticonvulsant drug carbamazepine has been associated with improved

symptoms in approximately 60 percent to 70 percent of subjects in double-blind trials comparing it against placebo, neuroleptics, and/or lithium. Valproate, another anticonvulsant, has been shown to be comparable to lithium and superior to placebo in treating acute mania in several double-blind, placebo-controlled trials. Electroconvulsive therapy (ECT) is another effective treatment for acute mania, with a positive response rate of approximately 80 percent. Acute bipolar depression has been successfully treated with a number of agents, including monoamine oxidase inhibitors (e.g., tranylcypromine), lithium, tricyclic antidepressants, and second-generation antidepressants (e.g., **bupropion**). Nonpharmacologic approaches such as ECT, sleep deprivation, and light therapy have been effective as supplemental therapy in many patients. For maintenance therapy, lithium is again the drug of choice. Clinical research has shown that maintenance lithium lessens the frequency and severity of episodes of mania and depression in bipolar patients and helps stabilize mood between episodes. Long-term lithium treatment also reduces the risk of mortality for bipolar patients: without treatment, mortality is two to three times higher than that of the general population; with treatment, it is not significantly different. Several other drugs have been studied as alternatives or adjuncts to lithium therapy.(ABSTRACT TRUNCATED AT 400 WORDS)

CT Check Tags: Human
Bipolar Disorder: DT, drug therapy
*Bipolar Disorder: TH, therapy
Depressive Disorder: DT, drug therapy
Depressive Disorder: TH, therapy
Treatment Outcome

L36 ANSWER 65 OF 93 HCAPLUS COPYRIGHT 1999 ACS
AN 1994:400675 HCAPLUS
DN 121:675
TI Canine cataplexy is preferentially controlled by adrenergic mechanisms: evidence using monoamine selective uptake inhibitors and release enhancers
AU Mignot, Emmanuel; Renaud, Alain; Nishino, Seiji; Arrigoni, Janis; Guilleminault, Christian; Dement, William C.
CS Sch. Med., Stanford Univ., Palo Alto, CA, 94304, USA
SO Psychopharmacology (Berlin) (1993), 113(1), 76-82
CODEN: PSCHDL; ISSN: 0033-3158
DT Journal
LA English
CC 1-11 (Pharmacology)
Section cross-reference(s): 14
AB **Narcolepsy** is currently treated with antidepressants to control REM-related symptoms such as cataplexy and with amphetamine-like stimulants for the management of sleepiness. Both stimulant and antidepressant drugs presynaptically enhance monoaminergic transmission but both classes of compds. lack pharmacol. specificity. In order to det. which monoamine is selectively involved in the therapeutic effect of these compds., the authors examd. the effects of selective monoamine uptake inhibitors and release enhancers on cataplexy using a canine model of the human disorder. A total of 14 compds. acting on the adrenergic (desipramine, nisoxetine, nortriptyline, tomoxetine, viloxazine), serotoninergic (fenfluramine, fluoxetine, indalpine, paroxetine, zimelidine) and dopaminergic (amfonelic acid, amineptine, **bupropion**, GBR 12909) systems were tested. Some addnl. compds. interesting clin. but with less pharmacol. selectivity, i.e., cocaine, dextroamphetamine, methylphenidate, nomifensine and pemoline, were also included in the study. All compds. affecting noradrenergic transmission completely suppressed canine cataplexy at low doses in all dogs tested, whereas compds. which predominantly modified serotoninergic and dopaminergic transmission were either inactive or partially active at high doses. The authors' results demonstrate the preferential involvement of adrenergic systems in the control of cataplexy and, presumably, REM sleep atonia. The authors' findings also demonstrate that canine

narcolepsy is a useful tool in assessing the pharmacol. specificity of antidepressant drugs.
ST antidepressant cataplexy presynaptic adrenergic neurotransmission; **narcolepsy** antidepressant presynaptic adrenergic neurotransmission
IT **Narcolepsy**
(antidepressants effects on, presynaptic adrenergic neurotransmission in)
IT Antidepressants
(cataplexy response to)
IT Nervous system
(disease, cataplexy, antidepressants effects on, presynaptic adrenergic neurotransmission in)
IT Neurotransmission
(presynaptic, adrenergic, cataplexy control by, antidepressants specificity in relation to)
IT 50-36-2, Cocaine 50-47-5, Desipramine 51-64-9, Dextroamphetamine 72-69-5, Nortriptyline 113-45-1, Methylphenidate 458-24-2, Fenfluramine 2152-34-3, Pemoline 15180-02-6, Amfonelic acid 24526-64-5, Nomifensine **34911-55-2, Bupropion** 46817-91-8, Viloxazine 53179-07-0, Nisoxetine 54910-89-3, Fluoxetine 56775-88-3, Zimelidine 57574-09-1, Amineptine 61869-08-7, Paroxetine 63758-79-2, Indalpine 67469-78-7, GBR 12909 83015-26-3, Tomoxetine
RL: BAC (Biological activity or effector, except adverse); BIOL (Biological study)
(cataplexy response to)

L36 ANSWER 66 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 93044224 EMBASE
DN 1993044224
TI [Medication for anorexia and bulimia nervosa: A review].
DIE MEDIKAMENTOSE BEHANDLUNG VON ANOREXIA UND BULIMIA NERVOSA. EINE UBERSICHT.
AU Fichter M.M.
CS Mediz.-Psychosomat. Klinik Roseneck, Am Roseneck 6,W-82100 Prien/Chiemsee, Germany
SO Nervenarzt, (1993) 64/1 (21-35).
ISSN: 0028-2804 CODEN: NERVAF
CY Germany
DT Journal; General Review
FS 003 Endocrinology
008 Neurology and Neurosurgery
030 Pharmacology
037 Drug Literature Index
LA German
SL English; German
AB With the apparent increase in prevalence of anorexic and bulimic eating **disorders**, the search for effective treatments for these **disorders** has been intensified in recent years. In this review the results of psychopharmacological studies of patients with anorexia or bulimia nervosa are presented and analysed. The focus of this review is on controlled studies. Although a variety of psychopharmacological substances has been tested in patients with anorexia nervosa, the outcome of controlled studies has been generally disappointing. A possible differential therapy effect of cyproheptadine needs replication: in one study it enhanced body weight gain in non-bulimic anorexics, while it appeared to hinder weight gain in bulimic anorexics. The issue of prophylaxis of osteoporosis in **chronic** low-weight anorexics has received increasing attention in recent years, and pharmacological prophylaxis appears indicated in this patient group. The results of psychopharmacological treatment studies of patients with bulimia nervosa have overall been more favourable than those of anorexic patients. Statistically significant effects concerning the reduction of bulimic or depressive symptoms in bulimia nervosa has been demonstrated for tricyclic antidepressants (imipramine, desipramine), serotonergic agents

(fluoxetine, d-fenfluramine), non-selective monoamine-oxydase-inhibitors (isocarboxazide, phenelzine) and trazodone. The antibulimic effect appears not to be associated with the antidepressant effect. Theoretical, methodological and practical issues concerning pharmacological treatment of anorexic and bulimic eating **disorders** are presented and discusssed.

CT Medical Descriptors:
***anorexia nervosa: DT, drug therapy**
***bulimia: DT, drug therapy**
human
review
Drug Descriptors:
***amfebutamone: DT, drug therapy**
***amitriptyline: DT, drug therapy**
***carbamazepine: DT, drug therapy**
***cyproheptadine: DT, drug therapy**
***desipramine: DT, drug therapy**
***dexfenfluramine: DT, drug therapy**
***domperidone: DT, drug therapy**
***fluoxetine: DT, drug therapy**
***fluvoxamine: DT, drug therapy**
***imipramine: DT, drug therapy**
***isocarboxazid: DT, drug therapy**
***lithium carbonate: DT, drug therapy**
***metoclopramide: DT, drug therapy**
***mianserin: DT, drug therapy**
***naloxone: DT, drug therapy**
***naltrexone: DT, drug therapy**
***phenelzine: DT, drug therapy**
***phenytoin: DT, drug therapy**
***tranylcypromine: DT, drug therapy**
***trazodone: DT, drug therapy**
***valproic acid: DT, drug therapy**

RN (amfebutamone) **31677-93-7, 34911-55-2**; (amitriptyline) 50-48-6, 549-18-8; (carbamazepine) 298-46-4, 8047-84-5; (cyproheptadine) 129-03-3, 969-33-5; (desipramine) 50-47-5, 58-28-6; (dexfenfluramine) 3239-44-9, 3239-45-0; (domperidone) 57808-66-9; (fluoxetine) 54910-89-3, 56296-78-7, 59333-67-4; (fluvoxamine) 54739-18-3; (imipramine) 113-52-0, 50-49-7; (isocarboxazid) 59-63-2; (lithium carbonate) 554-13-2; (metoclopramide) 12707-59-4, 2576-84-3, 364-62-5, 7232-21-5; (mianserin) 21535-47-7, 24219-97-4; (naloxone) 357-08-4, 465-65-6; (naltrexone) 16590-41-3, 16676-29-2; (phenelzine) 156-51-4, 51-71-8; (phenytoin) 57-41-0, 630-93-3; (tranylcypromine) 13492-01-8, 155-09-9, 54-97-7; (trazodone) 19794-93-5, 25332-39-2; (valproic acid) 1069-66-5, 99-66-1

L36 ANSWER 67 OF 93 MEDLINE
AN 93155004 MEDLINE
DN 93155004
TI Psychotropic treatment of **chronic fatigue** syndrome and related **disorders**.
AU Goodnick P J; Sandoval R
CS Department of Psychiatry, University of Miami, FL 33136..
SO JOURNAL OF CLINICAL PSYCHIATRY, (1993 Jan) 54 (1) 13-20. Ref: 46
Journal code: HIC. ISSN: 0160-6689.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LA English
FS Priority Journals
EM 199305
AB BACKGROUND: **Chronic fatigue** syndrome (CFS) and **fibromyalgia** frequently are associated with symptoms of major depression. For this reason, antidepressants have been used in treatment

of these **disorders**; however, little direction has been provided into this application in psychopharmacology. METHOD: First, nine studies were reviewed regarding the relationship of the symptoms of **fatigue** and depression. Next, 23 reports (12 double-blind studies, 7 open studies, and 4 case reports) were reviewed for the effectiveness of therapy as assessed by global response and improvement of both depression and **pain**. Studies were differentiated by type of controls, as well as by alleged mechanism of action of the pharmacologic agent. RESULTS: Disturbances in brain neurochemistry shared by CFS and major depression may serve as a basis for the effectiveness of some antidepressants in CFS. Response to some antidepressants in patients with CFS or **fibromyalgia** may occur at doses lower than those used in major depression, e.g., amitriptyline 25-75 mg/day. We further found that the more serotonergic treatments (e.g., clomipramine) were more successful in alleviating **pain** than depression, whereas catecholaminergic agents (e.g., maprotiline, **bupropion**) seemed particularly effective for symptoms of associated depression. CONCLUSION: To maximize response of the physiologic and psychological consequences of the **disorder**, more investigation is needed to replicate the apparent findings that relate the neurochemical impairment underlying CFS and **fibromyalgia** to the type of antidepressant mechanism.

CT Check Tags: Human
Amitriptyline: AA, analogs & derivatives
Amitriptyline: TU, therapeutic use
Antidepressive Agents, Tricyclic
Comorbidity
Depressive Disorder: DT, drug therapy
Depressive Disorder: EP, epidemiology
***Fatigue Syndrome, Chronic: DT, drug therapy**
Fatigue Syndrome, Chronic: EP, epidemiology
***Fibromyalgia: DT, drug therapy**
Fibromyalgia: EP, epidemiology
Lithium Carbonate: TU, therapeutic use
*Psychotropic Drugs: TU, therapeutic use
S-Adenosylmethionine: TU, therapeutic use
5-Hydroxytryptophan: TU, therapeutic use

RN 29908-03-0 (S-Adenosylmethionine); 303-53-7 (cyclobenzaprine); 50-48-6 (Amitriptyline); 554-13-2 (Lithium Carbonate); 56-69-9 (5-Hydroxytryptophan)

CN 0 (Antidepressive Agents, Tricyclic); 0 (Psychotropic Drugs)

L36 ANSWER 68 OF 93 HCAPLUS COPYRIGHT 1999 ACS

AN 1993:45784 HCAPLUS

DN 118:45784

TI A controlled, sustained-release delivery system for treating drug dependency

IN Kitchell, Judith P.; Muni, Indu A.; Boyer, Yvonne N.

PA Dynagen, Inc., USA

SO PCT Int. Appl., 67 pp.
CODEN: PIXXD2

DT Patent

LA English

IC ICM A61K009-16
ICS A61K009-70

CC 63-6 (Pharmaceuticals)
Section cross-reference(s): 4

FAN.CNT 7

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 9219226	A1	19921112	WO 92-US3859	19920507
	W: AU, CA, FI, HU, JP, KR, NO				
	RW: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LU, MC, NL, SE				
	CA 2102507	AA	19921108	CA 92-2102507	19920507
	AU 9221548	A1	19921221	AU 92-21548	19920507

	HU 69390	A2	19950928	HU 93-3146	19920507
	US 5486362	A	19960123	US 93-140280	19931021
PRAI	US 91-696637	19910507			
	US 92-880959	19920507			
	WO 92-US3859	19920507			

AB A drug delivery system useful in treating an individual for drug dependence is described. One embodiment of the system is useful for aiding individuals in the cessation of **smoking** or chewing nicotine-contg. products. The delivery system includes a phys. constraint modulation system (PCMS) contg. lobeline (I). The drug delivery system is capable of delivering I to an individual in a controlled, sustained-release manner and providing long-term therapeutic levels of I to the individual. The delivery of I in such a manner reduces or eliminates the individual's **smoking** or chewing habit. The PCMS may be a biodegradable polymer contg. the I capable of s.c. or i.m. injection or implantation into the individual or may be a part of a transdermal patch contg. I. Also described are methods of using the drug delivery systems in treating other drug dependencies and kits contg. the drug delivery systems. A suspension formulation for s.c. administration was prepd. which included lactic acid-glycolic acid copolymer microparticles contg. 35 wt.% I. In tests with volunteers, the formulation substantially decreased the no. of cigarettes smoked.

ST drug dependence treatment delivery system; phys constraint modulation system drug dependence; lobeline microparticle suspension **smoking** treatment; transdermal patch drug dependence; injection pharmaceutical drug dependence

IT Peptides, biological studies
Polyanhydrides
Polyesters, biological studies
Proteins, biological studies
RL: BIOL (Biological study)
(for phys. constraint modulation system for drug dependence treatment)

IT Pruritus
(inhibitors of, in transdermal patch phys. constraint modulation system for drug dependence treatment)

IT Hypnotics and Sedatives
(nonopiate, drug for treatment of dependence on, in transdermal patch phys. constraint modulation system for drug dependence treatment)

IT Drug dependence
(treatment of, drug substitute-contg. sustained-release delivery system for)

IT Tobacco smoke and **smoking**
(treatment of, lobeline-contg. microparticle delivery system for)

IT Pharmaceutical dosage forms
(implants, controlled-release, drug substitute in, for drug dependence treatment)

IT Pharmaceutical dosage forms
(injections, i.m., drug substitute in, for drug dependence treatment)

IT Pharmaceutical dosage forms
(injections, s.c., drug substitute in, for drug dependence treatment)

IT Particles
(micro-, of biodegradable polymer, for phys. constraint modulation system for drug dependence treatment)

IT Pharmaceutical dosage forms
(sustained-release, drug substitute in, for drug dependence treatment)

IT Pharmaceutical dosage forms
(transdermal, drug substitute in, for drug dependence treatment)

IT 50-36-2, Cocaine 64-17-5, Ethanol, biological studies 561-27-3, Heroin 12794-10-4, Benzodiazepine
RL: BIOL (Biological study)
(dependence on, treatment of, drug delivery system for)

IT 53-84-9, Nadide 97-77-8, Disulfiram 8013-88-5, Calcium cyanamide citrated 21721-92-6 36505-84-7, Buspirone 99614-02-5, Ondansetron
RL: BIOL (Biological study)

(drug delivery system contg., for alc. dependence treatment)
IT 17617-23-1, Flurazepam 23887-31-2
RL: BIOL (Biological study)
(drug delivery system contg., for benzodiazepine dependence treatment)
IT 50-47-5, Desipramine 298-46-4, Carbamazepine 2709-56-0, Flupenthixol 10262-69-8 22232-71-9, Mazindol 25614-03-3, Bromocriptine **34911-55-2**, Amfebutamone 54910-89-3, Fluoxetine 83928-76-1, Gepirone
RL: BIOL (Biological study)
(drug delivery system contg., for cocaine dependence treatment)
IT 125-58-6 297-88-1, dl-Methadone 1477-40-3, Levo-.alpha.-acetylmethadol 16590-41-3, Naltrexone 52485-79-7, Buprenorphine
RL: BIOL (Biological study)
(drug delivery system contg., for heroin dependence treatment)
IT 50-06-6, biological studies 58-25-3, Chlorodiazepoxide 439-14-5, Diazepam
RL: BIOL (Biological study)
(drug delivery system contg., for nonopiate sedative dependence treatment)
IT 90-69-7, Lobeline 134-64-5, Lobeline sulfate
RL: BIOL (Biological study)
(drug delivery system contg., for **smoking** dependence treatment)
IT 26009-03-0, Poly(glycolic acid) 26023-30-3, Poly[oxy(1-methyl-2-oxo-1,2-ethanediyl)] 26100-51-6, Poly(lactic acid) 26124-68-5, Poly(glycolic acid)
RL: BIOL (Biological study)
(for phys. constraint modulation system for drug dependence treatment)
IT 34346-01-5, Lactic acid-glycolic acid copolymer
RL: BIOL (Biological study)
(transdermal patches for **smoking** dependence treatment contg. lobeline and)

L36 ANSWER 69 OF 93 WPIDS COPYRIGHT 1999 DERWENT INFORMATION LTD
AN 92-433345 [52] WPIDS
DNC C92-192347
TI Use of type B mono amine oxidase inhibitors e.g. L-deprenyl - for treating withdrawal symptoms and preventing or reducing craving for cocaine, **addictive** opiate(s), alcohol or **nicotine**.
DC B05
IN BELENDIUK, G W
PA (PHAR-N) PHARMAVENE INC
CYC 17
PI WO 9221333 A2 921210 (9252)* EN 10 pp A61K031-135
RW: AT BE CH DE DK ES FR GB GR IT LU MC NL SE
W: AU CA JP
AU 9219925 A 930108 (9315) A61K031-135
WO 9221333 A3 930107 (9512) A61K031-135
ADT WO 9221333 A2 WO 92-US3702 920504; AU 9219925 A AU 92-19925 920504, WO 92-US3702 920504; WO 9221333 A3 WO 92-US3702 920504
FDT AU 9219925 A Based on WO 9221333
PRAI US 91-705085 910524
REP No-SR.Pub ; 2.Jnl.Ref
IC ICM A61K031-135
AB WO 9221333 A UPAB: 931118
A method of treating withdrawal symptoms and preventing or reducing craving for cocaine is new. The method comprises administering a Type B monoamine oxidase inhibitor. The method in which the Type B monoamine oxidase inhibitor is L-deprenyl.
USE - The method is useful for controlling withdrawal symptoms (e.g. drug craving, depression, irritability, anergia, amotivation, appetite changes, nausea, shaking, psychomotoric retardation and irregular sleep patterns) associated with addictive psychostimulants (e.g. cocaine, amphetamines, methamphetamines, dextroamphetamines, chlorphentermine,

methylphenidate, pipradol, p-hydroxymorphedrine, fenfluramine, 1-(2,5-dimethoxy-4-methylphenyl) -2-aminopropane, **bupropion** and pemoline), additive opiates (e.g. opium, morphine and heroin), addictive narcotics (e.g. alphaprodine, anileridine, bezitramide, codeine, dihydrocodeine, diphenoxylate, fentanyl, hydrocodone, hydromorphone, isomethadone, levomethorphan, levorphanol, metazocine, methadone, metopon, oxycodone, oxymorphone, pethidine, phenazocine, piminodine, racemethorphan, racemorphon and thebaine), additctive barbiturates (e.g. allobarbital, amylbarbital, butabarbital, hexabarbital, mephobarbital, methohexital, pentobarbital, phenobarbital, phenethylbarbital, secobarbital, talbutal and thiopental), alcohol and nicotine. The monoamine oxidase inhibitor is administered at 0.05-20 mg/day (pref. 5-10 mg/day) in single or divided doses by oral, parental or transdermal routes Dwg.0/0

FS CPI
FA AB; DCN
MC CPI: B10-B04B; B12-G01B1; B12-J05

L36 ANSWER 70 OF 93 MEDLINE DUPLICATE 14
AN 93081628 MEDLINE
DN 93081628
TI **Bupropion** treatment of fluoxetine-resistant **chronic fatigue** syndrome.
AU Goodnick P J; Sandoval R; Brickman A; Klimas N G
CS Department of Psychiatry, University of Miami, Florida 33136..
SO BIOLOGICAL PSYCHIATRY, (1992 Nov 1) 32 (9) 834-8.
Journal code: A3S. ISSN: 0006-3223.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199303
AB **Chronic fatigue** syndrome (CFS) includes many symptoms of major depression. For this reason, many antidepressants have been used to treat the symptoms of this **disorder**. Among the more recently released antidepressants are fluoxetine and **bupropion**. In this open study, nine CFS patients who either could not tolerate or did not respond to fluoxetine showed significant response when administered 300 mg/day of **bupropion** for an 8-week period in both rating of HDRS ($t = 4.80$, $p < 0.01$) and BDI ($t = 2.48$, $p < 0.05$). Furthermore, **bupropion** improvement in Hamilton Depression Rating Scale correlated significantly with change in plasma homovanillic acid (HVA) ($r = 0.96$, $p < 0.01$). Plasma total methylhydroxyphenolglycol (MHPG) also increased significantly during **bupropion** treatment ($t = 2.37$, $p = 0.05$). Measures of T1 microsomal antibodies also decreased over treatment time; increases in natural killer cell numbers correlated inversely with change in plasma levels of free MHPG ($r = -0.88$, $p < 0.05$). **Bupropion** responders were more likely to have trough blood levels above 30 ng/ml (chi 2 = 3.6, $p = 0.05$).
CT Check Tags: Female; Human; Male
Adult
***Bupropion: AD, administration & dosage**
Depressive Disorder: DT, drug therapy
Depressive Disorder: PX, psychology
***Fatigue Syndrome, Chronic: DT, drug therapy**
Fatigue Syndrome, Chronic: PX, psychology
*Fluoxetine: AD, administration & dosage
Follow-Up Studies
Homovanillic Acid: BL, blood
Immunity, Cellular: DE, drug effects
Methoxyhydroxyphenylglycol: BL, blood
Middle Age
Personality Inventory
RN 306-08-1 (Homovanillic Acid); **34841-39-9 (Bupropion)**; 534-82-7

(Methoxyhydroxyphenylglycol); 54910-89-3 (Fluoxetine)

L36 ANSWER 71 OF 93 MEDLINE
AN 93009695 MEDLINE
DN 93009695
TI A case of monthly unipolar psychotic depression with suicide attempt by self-burning: selective response to **bupropion** treatment.
AU Schenck C H; Mandell M; Lewis G M
CS Department of Psychiatry, Hennepin County Medical Center, Minneapolis, MN 55415..
SO COMPREHENSIVE PSYCHIATRY, (1992 Sep-Oct) 33 (5) 353-6.
Journal code: DO9. ISSN: 0010-440X.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199301
AB A second case of monthly, unipolar, psychotic depression is presented, involving a 26-year-old woman whose illness had a postpartum onset, recurred **premenstrually** for 33 consecutive months, and involved a suicide attempt by self-burning. Whereas various antidepressant, antipsychotic, and hormonal treatments were ineffective, **bupropion** (together with low-dose trifluoperazine) induced an immediate and complete remission that was maintained at a 16-month evaluation.
CT Check Tags: Case Report; Female; Human
Adult
***Bupropion: TU, therapeutic use**
Burns: PC, prevention & control
*Burns: PX, psychology
***Depressive Disorder: DT, drug therapy**
Depressive Disorder: PX, psychology
***Premenstrual Syndrome: DT, drug therapy**
Premenstrual Syndrome: PX, psychology
Psychiatric Status Rating Scales
***Psychotic Disorders: DT, drug therapy**
Psychotic Disorders: PX, psychology
***Puerperal Disorders: DT, drug therapy**
Puerperal Disorders: PX, psychology
***Self-Injurious Behavior: DT, drug therapy**
Self-Injurious Behavior: PX, psychology
Suicide, Attempted: PC, prevention & control
*Suicide, Attempted: PX, psychology
RN **34841-39-9 (Bupropion)**

L36 ANSWER 72 OF 93 MEDLINE DUPLICATE 15
AN 92348332 MEDLINE
DN 92348332
TI The efficacy of **bupropion** in winter depression: results of an open trial.
AU Dilsaver S C; Qamar A B; Del Medico V J
CS Department of Psychiatry, Ohio State University, Columbus..
NC MH005503-05 (NIMH)
SO JOURNAL OF CLINICAL PSYCHIATRY, (1992 Jul) 53 (7) 252-5.
Journal code: HIC. ISSN: 0160-6689.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199211
AB BACKGROUND: **Seasonal affective disorder** (**SAD**) refers to regularly recurring episodes of affective illness bearing a fixed relationship to **season**. Wintertime depression is its most widely recognized form. This study was undertaken to assess the

efficacy of **bupropion** as a treatment for this **disorder** . METHOD: Fifteen consecutively presenting patients were treated with **bupropion** (200 to 400 mg/day). All met DSM-III-R criteria for major depression with a **seasonal** pattern. All were moderately to severely depressed. A modified version of the Hamilton Rating Scale for Depression (mHAM-D) including ratings of hypersomnia, increased appetite and carbohydrate craving, and weight gain was used to quantify the severity of illness. Up to 5 weeks of treatment was allowed before the subjects were categorized as nonresponders, partial responders, or responders. RESULTS: The mean +/- SD mHAM-D scores before and after treatment were 25.5 +/- 6.4 and 4.1 +/- 3.1, respectively. Ten (66.7%) of the subjects had a complete response to treatment (mHAM-D score less than or equal to 5). The other 5 (33.3%) had a partial response (mHAM-D score = 6-10). Five of the subjects had **chronic pain** and 3 had panic attacks restricted to episodes of depression. These problems resolved simultaneously with the symptoms of depression. CONCLUSION: The results of this open trial suggest that **bupropion** is an effective treatment for winter depression. However, controlled studies are required to confidently determine whether this is the case.

CT Check Tags: Female; Human; Male; Support, U.S. Gov't, P.H.S.
Adult
***Bupropion: TU, therapeutic use**
Circadian Rhythm
Middle Age
Psychiatric Status Rating Scales: SN, statistics & numerical data
***Seasonal Affective Disorder: DT, drug therapy**
Seasonal Affective Disorder: ET, etiology
Seasonal Affective Disorder: PX, psychology

RN **34841-39-9 (Bupropion)**

L36 ANSWER 73 OF 93 HCAPLUS COPYRIGHT 1999 ACS DUPLICATE 16
AN 1991:600985 HCAPLUS
DN 115:200985
TI Dopamine uptake inhibitors in reducing substance abuse and/or craving
IN Berger, Stephen Paul
PA Yale University, USA
SO PCT Int. Appl., 19 pp.
CODEN: PIXXD2
DT Patent
LA English
IC ICM A61K031-495
ICS A61K031-44; A61K031-425; A61K031-16
CC 4-3 (Toxicology)
Section cross-reference(s): 1
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 9111184	A1	19910808	WO 91-US764	19910205
	W: CA, JP				
	RW: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LU, NL, SE				
	US 5217987	A	19930608	US 90-474618	19900205
PRAI	US 90-474618		19900205		
	US 89-428307		19891030		

AB Dopamine agonists such as mazindol (I), benztropine, and buproprion are effective for controlling craving for abused substances such as cocaine, nicotine, and heroin. For both the lessening of substance abuse and blocking substance-induced euphoria, administration may be performed before, during, or after craving incidences. Thus, the effect of I on cocaine craving was examd. with cocaine abusers; administration of 1-3 mg I/day significantly reduced craving for cocaine from the first day treatment.

ST dopamine agonist drug dependence control; mazindol cocaine abuse treatment

IT Drug dependence
(treatment of, dopamine agonists for)

IT Neurotransmitter agonists
(dopaminergic, drug dependence treatment with)
IT 50-36-2, Cocaine 54-11-5, **Nicotine** 64-17-5, Ethanol, biological studies 300-62-9, Amphetamine 561-27-3, Heroin
RL: BIOL (Biological study)
(**addiction** to, treatment of, dopamine agonists for)
IT 132-17-2, Benztropine 22232-71-9, Mazindol **34911-55-2**
RL: BIOL (Biological study)
(drug dependence treatment with)

L36 ANSWER 74 OF 93 MEDLINE
AN 90328376 MEDLINE
DN 90328376
TI **Bupropion** in **chronic fatigue** syndrome [letter].
AU Goodnick P J
SO AMERICAN JOURNAL OF PSYCHIATRY, (1990 Aug) 147 (8) 1091.
Journal code: 3VG. ISSN: 0002-953X.
CY United States
DT Letter
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 199011
CT Check Tags: Case Report; Female; Human
*Antidepressive Agents: TU, therapeutic use
Dose-Response Relationship, Drug
***Fatigue Syndrome, Chronic: DT, drug therapy**
Fatigue Syndrome, Chronic: PX, psychology
Middle Age
*Propiophenones: TU, therapeutic use
RN **34841-39-9 (Bupropion)**
CN 0 (Antidepressive Agents); 0 (Propiophenones)

L36 ANSWER 75 OF 93 HCAPLUS COPYRIGHT 1999 ACS DUPLICATE 17
AN 1990:191980 HCAPLUS
DN 112:191980
TI Method of assisting **weight loss** by using combination of rauwolfia alkaloid and antidepressant(s)
IN Seed, John C.
PA USA
SO U.S., 7 pp.
CODEN: USXXAM
DT Patent
LA English
IC ICM A61K031-50
ICS A61K031-495; A61K031-44; A61K031-135
NCL 514252000
CC 1-11 (Pharmacology)
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI US 4895845	A	19900123	US 86-907837	19860915

AB A combination of rauwolfia alkaloid and .gtoreq.1 antidepressant, selected from aminoazoles, phenoxyphenylpropylamines, and aminopropiophonones, optionally coadministered with .gtoreq.1 sympathomimetic anorexic agents, is used for assisting **wt. loss**. In a typical case, the combination of 25 mg reserpine/day and 200 mg trazodone/day given for 35 wk resulted in a **wt. loss** of 32.8 lb.
ST **antiobesity** reserpine antidepressant
IT Rauvolfia
(alkaloids of, **antiobesity** agents contg. antidepressants and)
IT **Antiobesity** agents
(antidepressants and rauwolfia alkaloids)
IT Antidepressants

(**antiobesity** agents contg. rauwolfia alkaloids and)
IT Alkaloids, biological studies
RL: BIOL (Biological study)
(of Rauwolfia, **antiobesity** agents contg. antidepressants and)
IT 50-55-5, Reserpine
RL: BIOL (Biological study)
(**antiobesity** agents contg. antidepressants and)
IT 19794-93-5, Trazodone **34911-55-2, Bupropion**
54910-89-3, Fluoxetine
RL: BIOL (Biological study)
(**antiobesity** agents contg. rauwolfia alkaloids and)

L36 ANSWER 76 OF 93 WPIDS COPYRIGHT 1999 DERWENT INFORMATION LTD
AN 90-209314 [27] WPIDS
CR 86-333528 [51]
DNC C90-090437
TI Treating psycho stimulant addiction - comprises administering dopamine agonist, e.g. levodopa, bromocriptine or bupropion.
DC B05
IN DACKIS, C A; GOLD, M S
PA (DACK-I) DACKIS C A
CYC 1
PI US 4935429 A 900619 (9027)*
ADT US 4935429 A US 88-260860 881021
PRAI US 85-731102 850506; US 85-791188 851025; US 86-857690 860430;
US 87-36602 870410; US 87-123013 871119; US 88-260860 881021
IC A61K031-44
AB US 4935429 A UPAB: 931202
Treating psychostimulant addiction in a human comprises admin. a dopamine agonist.
USE - The dopamine agonist inhibits or eliminates withdrawal symptoms in humans undergoing treatmetn for central or psychostimulant abuse and prevents chaving after withdrawal. More partic. the withdrawal symptoms resulting form abrupt cessation of chronic high dose use can be eliminated or reduced. The method is esp. used to treat cocaine abuse. @(5pp Dwg.No.0/1)
0/1
FS CPI
FA AB; DCN
MC CPI: B04-A03; B10-B02E; B10-B04; B12-G01; B12-J05

L36 ANSWER 77 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 90263416 EMBASE
DN 1990263416
TI **Bupropion** in **chronic fatigue** syndrome.
AU Goodnick P.J.
CS United States
SO American Journal of Psychiatry, (1990) 147/8 (1091).
ISSN: 0002-953X CODEN: AJPSAO
CY United States
DT Journal; Letter
FS 032 Psychiatry
037 Drug Literature Index
LA English
CT Medical Descriptors:
***depression: DT, drug therapy**
***fatigue: DT, drug therapy**
*immunology
*motivation
adult
case report
psychological aspect
human
female

letter
priority journal
Drug Descriptors:
***amfebutamone: DT, drug therapy**
RN (amfebutamone) **31677-93-7, 34911-55-2**

L36 ANSWER 78 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 90263852 EMBASE
DN 1990263852
TI Attention-deficit hyperactivity disorder.
AU Calis K.A.; Grothe D.R.; Elia J.
CS National Institutes of Health, Drug Information Service,Bethesda, MD 20892, United States
SO Clinical Pharmacy, (1990) 9/8 (632-642).
ISSN: 0278-2677 CODEN: CPHADV
CY United States
DT Journal; General Review
FS 007 Pediatrics and Pediatric Surgery
008 Neurology and Neurosurgery
032 Psychiatry
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English
AB The epidemiology, etiology, pathogenesis, clinical presentation, diagnostic criteria, and clinical course of attention-deficit hyperactivity disorder (ADHD) are described and the role of pharmacotherapy in the management of this disorder is discussed. ADHD is a behavioral disorder of unknown etiology characterized by inattention, impulsiveness, and hyperactivity. The behavior, which may be manifest at home, at school, or in social situations, is generally worse in settings requiring sustained attention; as a result, academic underachievement is frequently an associated problem. Although the onset usually occurs before the age of four years, ADHD is most commonly diagnosed when the child enters school. It is up to six times more common in boys than in girls. Nearly one third of all children with ADHD continue to show symptoms of the disorder in adulthood. While many questions about the pathophysiology of ADHD remain unanswered and a cure has not yet been found, pharmacotherapy can effectively control the symptoms of the disorder in most patients. Three psychostimulant medications - dextroamphetamine sulfate, methylphenidate hydrochloride, and pemoline - are considered the drugs of first choice for management of the behavioral manifestations of ADHD. Dextroamphetamine and methylphenidate are equally effective in improving the symptoms of ADHD. Pemoline, a newer agent, may be tried in patients who cannot tolerate or do not respond to these two first-line agents. Common adverse effects associated with stimulant medications include anorexia, insomnia, stomach **pain**, and **weight loss**; these are generally transient and decrease with time. Imipramine hydrochloride and desipramine hydrochloride are less effective and may produce more serious adverse effects than the psychostimulants and are therefore considered second-line agents for the treatment of ADHD. Dextroamphetamine sulfate, methylphenidate hydrochloride, and pemoline have been shown to effectively control the behavioral symptoms of ADHD. For maximum impact, pharmacotherapy should be accompanied by behavioral, educational,and psychosocial intervention.
CT Medical Descriptors:
*attention deficit disorder: DI, diagnosis
*attention deficit disorder: ET, etiology
***attention deficit disorder: DT, drug therapy**
*attention deficit disorder: EP, epidemiology
***hyperactivity: DT, drug therapy**
child
gastrointestinal symptom: SI, side effect
heart palpitation: SI, side effect

neurotoxicity: SI, side effect
tachycardia: SI, side effect
human
oral drug administration
review
priority journal
Drug Descriptors:
***amfebutamone: DT, drug therapy**
***amfebutamone: AE, adverse drug reaction**
*clonidine: AE, adverse drug reaction
***clonidine: DT, drug therapy**
***desipramine: DT, drug therapy**
*desipramine: AE, adverse drug reaction
***dexamphetamine: DT, drug therapy**
*dexamphetamine: AE, adverse drug reaction
*fenfluramine: AE, adverse drug reaction
***fenfluramine: DT, drug therapy**
*imipramine: AE, adverse drug reaction
***imipramine: DT, drug therapy**
***lithium carbonate: DT, drug therapy**
*lithium carbonate: AE, adverse drug reaction
***methylphenidate: DT, drug therapy**
*methylphenidate: AE, adverse drug reaction
***pemoline: DT, drug therapy**
*pemoline: AE, adverse drug reaction
*tranylcypromine: AE, adverse drug reaction
***tranylcypromine: DT, drug therapy**
pemoline magnesium
RN (amfebutamone) **31677-93-7, 34911-55-2**; (clonidine) 4205-90-7, 4205-91-8, 57066-25-8; (desipramine) 50-47-5, 58-28-6; (dexamphetamine) 1462-73-3, 51-63-8, 51-64-9; (fenfluramine) 404-82-0, 458-24-2; (imipramine) 113-52-0, 50-49-7; (lithium carbonate) 554-13-2; (methylphenidate) 113-45-1, 298-59-9; (pemoline) 2152-34-3; (tranylcypromine) 13492-01-8, 155-09-9, 54-97-7; (pemoline magnesium) 18968-99-5
CN (1) Pondimin; (2) Dexedrine; (3) Cylert; (4) Norpramin; (5) Pertofran; (6) Parnate; **(7) Wellbutrin**; (8) Ritalin; (9) Tofranil
CO (1) Robins; (3) Abbott; (4) Merrell dow pharmaceuticals; (5) Rover; (6) Smith kline and french; (7) Burroughs wellcome; (9) Ciba geigy

L36 ANSWER 79 OF 93 MEDLINE
AN 91110831 MEDLINE
DN 91110831
TI Pharmacological responsiveness of winter depression.
AU Dilsaver S C; Del Medico V J; Quadri A; Jaeckle S
CS Department of Psychiatry and Behavioral Science, University of Texas School of Medicine, Houston 77225.
SO PSYCHOPHARMACOLOGY BULLETIN, (1990) 26 (3) 303-9.
Journal code: QG1. ISSN: 0048-5764.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
EM 199105
AB **Seasonal affective** disorders (SADs) are disturbances of mood bearing a fixed relationship to **season**. Wintertime depression is the most widely accepted form of **SAD**. Full-spectrum, bright artificial light is the standard treatment for this syndrome. Tranylcypromine was effective in the treatment of 14 patients meeting both the National Institute of Mental Health and DSM-III-R criteria for winter depression. The average patient experienced a 91 percent reduction in depressive symptoms within 3 to 4 weeks of the initiation of this treatment. Desipramine initially appeared to be an effective treatment for winter depression. Eight patients started treatment with desipramine in October or November. One patient was

unresponsive, and 8 patients appeared to be responsive but relapsed in the following 2 to 4 months. Twenty-five patients were subsequently treated with **bupropion**. One patient was unresponsive to **bupropion**, but the others experienced a substantial reduction in symptoms. Chronobiologic properties that might explain or predict the effectiveness of drugs used to treat winter depression are discussed.

CT Check Tags: Female; Human; Male
Adult
Antidepressive Agents: TU, therapeutic use
***Depressive Disorder: DT, drug therapy**
Depressive Disorder: PX, psychology
Desipramine: TU, therapeutic use
Hypersomnia: DT, drug therapy
Middle Age
***Mood Disorders: DT, drug therapy**
Mood Disorders: PX, psychology
Propiophenones: TU, therapeutic use
Psychiatric Status Rating Scales
Seasons
Tranylcypromine: TU, therapeutic use

RN 155-09-9 (Tranylcypromine); **34841-39-9 (Bupropion)**; 50-47-5 (Desipramine)

CN 0 (Antidepressive Agents); 0 (Propiophenones)

L36 ANSWER 80 OF 93 MEDLINE

AN 89320857 MEDLINE

DN 89320857

TI Chocolate: pleasure or **pain**? [letter; comment].

CM Comment on: Am J Psychiatry 1989 Jan;146(1):119-20

AU Rakatansky H

SO AMERICAN JOURNAL OF PSYCHIATRY, (1989 Aug) 146 (8) 1089.
Journal code: 3VG. ISSN: 0002-953X.

CY United States

DT Commentary
Letter

LA English

FS Abridged Index Medicus Journals; Priority Journals

EM 198910

CT Check Tags: Human
*Antidepressive Agents: TU, therapeutic use
*Cacao
Cacao: AE, adverse effects
*Candy
Candy: AE, adverse effects
Energy Intake
Habits
*Plants, Edible
*Propiophenones: TU, therapeutic use
Substance-Related Disorders: DT, drug therapy
Substance-Related Disorders: PX, psychology

RN **34841-39-9 (Bupropion)**

CN 0 (Antidepressive Agents); 0 (Propiophenones)

L36 ANSWER 81 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.

AN 88260082 EMBASE

DN 1988260082

TI Depression and pancreatic cancer.

AU Shakin E.J.; Holland J.

CS Department of Psychiatry, Memorial Sloan-Kettering Cancer Center, New York, NY, United States

SO Journal of Pain and Symptom Management, (1988) 3/4 (194-198).
ISSN: 0885-3924 CODEN: JPSMEU

CY United States

DT Journal; Journal

FS 008 Neurology and Neurosurgery
016 Cancer
024 Anesthesiology
032 Psychiatry
048 Gastroenterology
037 Drug Literature Index
009 SurgerySurgery
LA English
SL English
AB Depression and psychological distress appear to be greater in patients with pancreatic cancer, compared to other equally ill patients with cancer, including those with other abnormal neoplasms. The several hypotheses regarding etiology are unproven, but the possibility of a tumor-related paraneoplastic syndrome which promotes the production of a false neurotransmitter capable of altering mood appears most logical at present. However, patients with pancreatic cancer have tumors with known poor prognosis and they often have **pain**. Both factors contribute to depression. Management of depression depends upon attention to adequate **pain** control, use of antidepressants and psychological support. Depression in pancreatic cancer raises challenging questions, both about its cause and treatment. Further research study of its psychological and biological components is important in oncology.
CT Medical Descriptors:
*depression: ET, etiology
*depression: CO, complication
*pancreas cancer
psychological aspect
review
human
Drug Descriptors:
***alprazolam: DT, drug therapy**
***amfebutamone: DT, drug therapy**
***amoxapine: DT, drug therapy**
***dexamphetamine: DT, drug therapy**
***maprotiline: DT, drug therapy**
***methylphenidate: DT, drug therapy**
***trazodone: DT, drug therapy**
***tricyclic antidepressant agent: DT, drug therapy**
amitriptyline
desipramine
RN (alprazolam) 28981-97-7; (amfebutamone) **31677-93-7**, **34911-55-2**; (amoxapine) 14028-44-5; (dexamphetamine) 1462-73-3, 51-63-8, 51-64-9; (maprotiline) 10262-69-8, 10347-81-6; (methylphenidate) 113-45-1, 298-59-9; (trazodone) 19794-93-5, 25332-39-2; (amitriptyline) 50-48-6, 549-18-8; (desipramine) 50-47-5, 58-28-6

L36 ANSWER 82 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 87119607 EMBASE
DN 1987119607
TI The cancer patient with **pain**: Psychiatric complications and their management.
AU Massie M.J.; Holland J.C.
CS Psychiatry Service, Memorial Sloan-Kettering Cancer Center, New York, NY 10021, United States
SO Medical Clinics of North America, (1987) 71/2 (243-258).
CODEN: MCNAA
CY United States
DT Journal
FS 037 Drug Literature Index
008 Neurology and Neurosurgery
LA English
AB The psychiatric complications most often seen in cancer are depression, anxiety, and delirium. All are more likely to occur in the cancer patient who has **pain**. It is important for patient comfort and quality of

life to evaluate and intervene to manage the psychologic distress in the patient with cancer, especially if **pain** is a complication.

CT Medical Descriptors:
*anxiety
*cancer
*depression
*drug comparison
*drug dose
*drug efficacy
*drug indication
*emotional stress
*fear
***pain**
***drug therapy**
*psychiatric complication
delirium
psychological aspect
priority journal
therapy
oral drug administration
short survey
human
Drug Descriptors:
*alprazolam
***amfebutamone**
*amitriptyline
*amoxapine
*chlordiazepoxide
*clorazepate
*desipramine
*dexamphetamine
*diazepam
*diphenhydramine
*doxepin
*flurazepam
*haloperidol
*hydroxyzine
*imipramine
*isocarboxazid
*lithium carbonate
*lorazepam
*maprotiline
*methylphenidate
*nortriptyline
*oxazepam
*perphenazine
*phenelzine
*phenobarbital
*propranolol
*secbutabarbital
*thioridazine
*tranylcypromine
*trazodone
*triazolam
*trifluoperazine
clorazepate dipotassium
hydroxyzine embonate

RN (alprazolam) 28981-97-7; (amfebutamone) **31677-93-7, 34911-55-2**; (amitriptyline) 50-48-6, 549-18-8; (amoxapine) 14028-44-5; (chlordiazepoxide) 438-41-5, 58-25-3; (clorazepate) 20432-69-3, 23887-31-2; (desipramine) 50-47-5, 58-28-6; (dexamphetamine) 1462-73-3, 51-63-8, 51-64-9; (diazepam) 439-14-5; (diphenhydramine) 147-24-0, 58-73-1; (doxepin) 1229-29-4, 1668-19-5; (flurazepam) 1172-18-5, 17617-23-1; (haloperidol) 52-86-8; (hydroxyzine) 2192-20-3, 64095-02-9,

68-88-2; (imipramine) 113-52-0, 50-49-7; (isocarboxazid) 59-63-2; (lithium carbonate) 554-13-2; (lorazepam) 846-49-1; (maprotiline) 10262-69-8, 10347-81-6; (methylphenidate) 113-45-1, 298-59-9; (nortriptyline) 72-69-5, 894-71-3; (oxazepam) 604-75-1; (perphenazine) 58-39-9; (phenelzine) 156-51-4, 51-71-8; (phenobarbital) 50-06-6, 57-30-7, 8028-68-0; (propranolol) 13013-17-7, 318-98-9, 3506-09-0, 4199-09-1, 525-66-6; (secbutabarbital) 125-40-6, 143-81-7; (thioridazine) 130-61-0, 50-52-2; (tranylcypromine) 13492-01-8, 155-09-9, 54-97-7; (trazodone) 19794-93-5, 25332-39-2; (triazolam) 28911-01-5; (trifluoperazine) 117-89-5, 440-17-5; (clorazepate dipotassium) 57109-90-7; (hydroxyzine embonate) 10246-75-0

CN Xanax; Serax; Ativan; Halcion; Valium; Librium; Dalmane; Tranxene; Mellaril; Stelazine; Haldol; Trilafon; Benadryl; Atarax; Vistaril; Tofranil; Nardil; Inderal

L36 ANSWER 83 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 86032206 EMBASE
DN 1986032206
TI Therapeutic applications and mechanisms of action of monoamine oxidase inhibitor and heterocyclic antidepressant drugs.
AU Goodman W.K.; Charney D.S.
CS Ribicoff Research Facilities, Department of Psychiatry, Yale University School of Medicine, New Haven, CT 06508, United States
SO Journal of Clinical Psychiatry, (1985) 46/10 II (6-22).
CODEN: JCLPDE
CY United States
DT Journal
FS 037 Drug Literature Index
032 Psychiatry
030 Pharmacology
LA English
AB Tricyclic antidepressants, monoamine oxidase inhibitors, and antidepressants of atypical structure are used in a variety of psychiatric and nonpsychiatric **disorders**. The efficacy of antidepressant drugs in major depression, panic **disorder**, obsessive-compulsive **disorder**, peptide ulcer disease, enuresis, **chronic pain**, migraine, bulimia, and attention deficit **disorder** is briefly reviewed. The rationale that led to each of these therapeutic applications is examined, and the possible mechanism of action is discussed in light of recent advances in neurobiologic research. It is concluded that improved understanding of antidepressant drugs' mechanisms of action may help elucidate the etiology of these **disorders** and yield more effective treatments.
CT Medical Descriptors:
*compulsion
*depression
*drug efficacy
*drug indication
*drug mechanism
*enuresis
*migraine
*panic
drug therapy
*stomach ulcer
bulimia
chronic pain
peptic ulcer
priority journal
therapy
stomach
oral drug administration
short survey
human
central nervous system
etiology

esophagus
psychological aspect
digestive system
Drug Descriptors:
*alprazolam
***amfebutamone**
*amitriptyline
*amoxapine
*cimetidine
*clomipramine
*clorgyline
*desipramine
*doxepin
*fluvoxamine
*imipramine
*maprotiline
*mianserin
*monoamine oxidase inhibitor
*morphine
*nomifensine
*phenelzine
*placebo
*propranolol
*ranitidine
*sucralfate
*trazodone
*tricyclic antidepressant agent
*trimipramine
*zimeldine
RN (alprazolam) 28981-97-7; (amfebutamone) **31677-93-7**, **34911-55-2**; (amitriptyline) 50-48-6, 549-18-8; (amoxapine) 14028-44-5; (cimetidine) 51481-61-9, 70059-30-2; (clomipramine) 17321-77-6, 303-49-1; (clorgyline) 17780-72-2; (desipramine) 50-47-5, 58-28-6; (doxepin) 1229-29-4, 1668-19-5; (fluvoxamine) 54739-18-3; (imipramine) 113-52-0, 50-49-7; (maprotiline) 10262-69-8, 10347-81-6; (mianserin) 21535-47-7, 24219-97-4; (morphine) 52-26-6, 57-27-2; (nomifensine) 24526-64-5; (phenelzine) 156-51-4, 51-71-8; (propranolol) 13013-17-7, 318-98-9, 3506-09-0, 4199-09-1, 525-66-6; (ranitidine) 66357-35-5, 66357-59-3; (sucralfate) 54182-58-0; (trazodone) 19794-93-5, 25332-39-2; (trimipramine) 25332-13-2, 739-71-9; (zimeldine) 56775-88-3, 60525-15-7

L36 ANSWER 84 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 85099138 EMBASE
DN 1985099138
TI Therapeutic responses to tricyclic antidepressants and related drugs in non-affective disorder patient populations.
AU Murphy D.L.; Siever L.J.; Insel T.R.
CS Clinical Neuropharmacology Branch, National Institutes of Mental Health, Bethesda, MD, United States
SO Progress in Neuro-Psychopharmacology and Biological Psychiatry, (1985) 9/1 (3-13).
CODEN: PNPPD7
CY United Kingdom
DT Journal
FS 037 Drug Literature Index
030 Pharmacology
032 Psychiatry
LA English
AB Although therapeutic responsiveness to tricyclic antidepressants has been primarily associated with the affective **disorders**, clinical investigations in the last decade have suggested that non-affected **disorders** such as panic **disorders**, obsessive-compulsive **disorder**, anxiety **disorder**, bulimia, eneuresis,

migraine, and the **chronic pain** syndrome may also respond to tricyclics and other antidepressants. This therapeutic responsiveness may sometimes be related to improvement in secondary depressive symptoms, but may also clearly occur in the absence of secondary depression: in particular, improvement in the core symptoms of at least some of these **disorders** may occur without a change in mood. Furthermore, many patients with these **disorders** display psychobiologic abnormalities that show may similarities, but also some differences, compared to those observed in patients with affective **disorders**, despite the frequent absence of affective symptoms. While an improvement in subclinical or 'masked' depression remains one hypothesis linking tricyclic responsiveness and shared biological abnormalities in this diverse group of diagnostic entities, an alternative hypothesis (the 'ven **disorder**' hypothesis) is presented, suggesting the possibility that tricyclic and other antidepressant-responding patients have a core **disorder** with common psychobiologic abnormalities but multiple clinical and diagnostic presentations. An alternative hypothesis (the 'shotgun' hypothesis) suggests that the multiple actions of tricyclics (e.g. on adrenergic receptors vs. muscarinic receptor vs. serotonin system changes) may each be differentialy important in the therapeutic outcome in patients with specific or predominant problems in one or another of these areas. An examination of both the similarities and differences among the non-affective, tricyclic-responsive **disorders** and the affective **disorders** may provide clues about the important psychobiologic elements in these **disorders**, and to the mode of action of tricyclic antidepressants and related drugs across the psychiatric **disorder** spectrum.

CT Medical Descriptors:
*anxiety
*depression
*panic
***drug therapy**
priority journal
therapy
review
human
central nervous system
psychological aspect
Drug Descriptors:
***amfebutamone**
*amitriptyline
*amoxapine
*clomipramine
*desipramine
*doxepin
*imipramine
*iprindole
*maprotiline
*mianserin
*monoamine oxidase inhibitor
*neurotransmitter receptor
*nortriptyline
*placebo
*protriptyline
*trazodone
*tricyclic antidepressant agent
*trimipramine

RN (amfebutamone) **31677-93-7, 34911-55-2**; (amitriptyline) 50-48-6, 549-18-8; (amoxapine) 14028-44-5; (clomipramine) 17321-77-6, 303-49-1; (desipramine) 50-47-5, 58-28-6; (doxepin) 1229-29-4, 1668-19-5; (imipramine) 113-52-0, 50-49-7; (iprindole) 20432-64-8, 5560-72-5; (maprotiline) 10262-69-8, 10347-81-6; (mianserin) 21535-47-7, 24219-97-4; (nortriptyline) 72-69-5, 894-71-3; (protriptyline) 1225-55-4, 438-60-8;

(trazodone) 19794-93-5, 25332-39-2; (trimipramine) 25332-13-2, 739-71-9

L36 ANSWER 85 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 85078080 EMBASE
DN 1985078080
TI Effects of **bupropion** on weight in patients intolerant to previous antidepressants.
AU Gardner E.A.
CS 4545 42nd Street, N.W. Suite 204, Washington, DC 20016, United States
SO Current Therapeutic Research - Clinical and Experimental, (1984) 35/2 (188-199).
CODEN: CTCEA
CY United States
DT Journal
FS 037 Drug Literature Index
030 Pharmacology
032 Psychiatry
LA English
AB Body weight was evaluated in 58 depressed outpatients who received **bupropion** for a minimum of 3 months. All patients had poorly tolerated previous antidepressant therapy and 42 patients (72%) reported increased appetite and/or weight gain due to their prior antidepressant therapy. The mean weight change on **bupropion** therapy was -6.8 pounds. The 42 patients with prior complaints of increased appetite and/or weight gain due to prior antidepressant therapy had a mean weight change of -9.0 pounds during **bupropion** treatment. Patients without prior complaints of increased appetite and/or weight gain had a weight change of only -1.0 pound during **bupropion** treatment. Neither gender nor concurrent lithium administration significantly affected weight change. Weight change and/or **bupropion** therapy did not correlate with patients' complaints of increased appetite or anorexia. **Bupropion** is a rational antidepressant choice in depressed patients where weight is a clinically important factor, diabetes, heart disease, pre-existing obesity, or weight gain secondary to antidepressant therapy. The data are preceded by a review of the physiology of appetite and **weight control** and the possible effect of antidepressants on this system.
CT Medical Descriptors:
*appetite
*body weight
*depression
***drug therapy**
adverse drug reaction
priority journal
therapy
psychological aspect
clinical article
human
central nervous system
Drug Descriptors:
***amfebutamone**
*amitriptyline
RN (amfebutamone) **31677-93-7, 34911-55-2**; (amitriptyline) 50-48-6, 549-18-8
CN **Wellbutrin**
CO Burroughs wellcome

L36 ANSWER 86 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 84242827 EMBASE
DN 1984242827
TI Depressive illness and placebo response.
AU Sato T.L.; Turnbull C.D.; Davidson J.R.T.; Madakasira S.
CS East Carolina University School of Medicine, Greenville, NC, United States
SO International Journal of Psychiatry in Medicine, (1984) 14/3 (171-179).

CODEN: IJMEDO
CY United States
DT Journal
FS 037 Drug Literature Index
032 Psychiatry
LA English
AB Fifty-three depressed inpatients received placebo treatment as part of a multicenter double-blind placebo-controlled study of an investigational antidepressant, **bupropion**. Groups of placebo responders and nonresponders were identified based on percentage change on the Hamilton Depression Scale and validated against the Clinical Global Impression Scale. Although the diagnostic and demographic features of responders and nonresponders were generally similar, some differences emerged. Placebo nonresponders were more often associated with male gender, lack of college education, diagnosis of manic-depressive illness and greater lack of insight at baseline. Placebo responders largely consisted of females with a diagnosis of depressive neurosis. When the individual symptoms as measured by the Hamilton Depression Scale were examined, the nonresponders showed improvement only in psychological symptoms (i.e., lack of interest, guilt, and suicide). The responders showed consistent improvement in most symptoms except middle insomnia, **loss** of **weight**, and diurnal mood change. These results suggest that depressions of an endogenous nature are unlikely to respond to placebo and when they do respond, the vegetative symptoms are least likely to improve.
CT Medical Descriptors:
*depression
*neurosis
***drug therapy**
sex
therapy
human
central nervous system
sex difference
clinical article
psychological aspect
Drug Descriptors:
***amfebutamone**
*placebo
RN (amfebutamone) **31677-93-7, 34911-55-2**

L36 ANSWER 87 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 83107288 EMBASE
DN 1983107288
TI **Bupropion** (**Wellbutrin**.RTM.)-imipramine study: A single-blind comparison in depressed outpatients.
AU Shopsin B.; Soper R.; Tyrer S.; et al.
CS Affective Disorder-Lithium Clin., Bellevue Hosp Cent., New York Univ., New York, NY, United States
SO Current Therapeutic Research - Clinical and Experimental, (1983) 33/3 I (339-361).
CODEN: CTCEA
CY United States
DT Journal
FS 038 Adverse Reactions Titles
037 Drug Literature Index
032 Psychiatry
LA English
AB **Bupropion** HCl (**Wellbutrin**) is a new antidepressant whose chemical structure and pharmacological profile are distinct from that of other 'standard' antidepressant drugs. The present study represents the only comparison of **bupropion** to the standard reference compound, imipramine HCl. Three **bupropion** dose regimens (150 mg/day; 300-450 mg/day; 600-900 mg/day) were compared to one imipramine regimen (up to 300 mg/day) in endogenously depressed

outpatients using a randomized and parallel single-blind treatment trial. The present data indicate that **bupropion**, at all dose levels examined but more completely at high doses, displays definite antidepressant efficacy comparable to that of high dose imipramine. The clinical effects of this drug are apparent by the end of the first active drug treatment week and show statistical significance by the end of the second. An anxiolytic effect accompanies the antidepressant response to **bupropion**. Qualitatively, **bupropion** was distinct from imipramine, generally devoid of the side effects of an anticholinergic-cardiovascular nature attendant upon the use of imipramine. The absence of **weight** gain (a mild **weight loss**) without necessarily affecting appetite further characterizes the uniqueness of **bupropion**.

CT Medical Descriptors:
*adverse drug reaction
*agitation
*anticholinergic effect
*depression
*drowsiness
*drug comparison
*drug efficacy
*gastrointestinal toxicity
*insomnia
*nausea
*neurotoxicity
***drug therapy**
*tremor
*vertigo
trial
therapy
intoxication
nervous system
oral drug administration
clinical article
human
central nervous system
Drug Descriptors:
***amfebutamone**
*anxiolytic agent
*imipramine
*placebo

RN (amfebutamone) **31677-93-7, 34911-55-2**; (imipramine) 113-52-0, 50-49-7

CN **Wellbutrin**

L36 ANSWER 88 OF 93 MEDLINE
AN 83213222 MEDLINE
DN 83213222
TI **Bupropion**: clinical assay for amphetamine-like abuse potential.
AU Griffith J D; Carranza J; Griffith C; Miller L L
SO JOURNAL OF CLINICAL PSYCHIATRY, (1983 May) 44 (5 Pt 2) 206-8.
Journal code: HIC. ISSN: 0160-6689.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Priority Journals
EM 198309

AB **Bupropion** hydrochloride (100, 200, and 400 mg), d-amphetamine sulfate (15 and 30 mg), and placebo were compared in 13 volunteers who had histories of amphetamine abuse. Each dose was given orally at intervals of 3 or more days according to a double-blind, randomized crossover design. **Bupropion** had little or no effect on blood pressure, pulse rate,

respiration, body temperature, pupil diameter, subjective appetite, food intake, sleep, or selected subscales of the Addiction Research Center Inventory and Single Dose Questionnaire. Conversely, d-amphetamine was active on most measures. It is concluded that, despite **bupropion** 's reinforcing properties in animals, the compound is not amphetamine-like and is unlikely to give rise to such abuse in humans.

CT Check Tags: Animal; Human; Male
Adult
*Antidepressive Agents: PD, pharmacology
Appetite: DE, drug effects
Blood Pressure: DE, drug effects
*Dextroamphetamine: PD, pharmacology
Double-Blind Method
Eating: DE, drug effects
*Propiophenones: PD, pharmacology
Pulse: DE, drug effects
Pupil: DE, drug effects
Random Allocation
Respiration: DE, drug effects
Sleep: DE, drug effects
*Substance-Related Disorders
Substance-Related Disorders: PX, psychology

RN **34841-39-9 (Bupropion)**; 51-64-9 (Dextroamphetamine)

CN 0 (Antidepressive Agents); 0 (Propiophenones)

L36 ANSWER 89 OF 93 MEDLINE

AN 83213217 MEDLINE

DN 83213217

TI Effects of **bupropion** on body weight.

AU Harto-Truax N; Stern W C; Miller L L; Sato T L; Cato A E

SO JOURNAL OF CLINICAL PSYCHIATRY, (1983 May) 44 (5 Pt 2) 183-6.
Journal code: HIC. ISSN: 0160-6689.

CY United States

DT (CLINICAL TRIAL)
(CONTROLLED CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)

LA English

FS Priority Journals

EM 198309

AB Patients' weights were assessed during placebo-controlled, amitriptyline-controlled, and uncontrolled **bupropion** trials. Low-moderate (50-450 mg/day) to moderate-high (300-750 mg/day) doses of **bupropion** were consistently associated with a lack of weight gain (average weight loss of 1-2 pounds); placebo was associated with an average weight gain of 1 lb and 75-225 mg/day of amitriptyline was associated with an increase of 3-9 lb. **Bupropion** treatment was rarely accompanied by reports of appetite change and had no statistically significant effect on caloric intake when compared to placebo.

CT Check Tags: Human
Amitriptyline: TU, therapeutic use
Antidepressive Agents: PD, pharmacology
*Antidepressive Agents: TU, therapeutic use
Appetite: DE, drug effects
*Body Weight: DE, drug effects
Clinical Trials
Dose-Response Relationship, Drug
Energy Intake: DE, drug effects
Placebos
Propiophenones: PD, pharmacology
*Propiophenones: TU, therapeutic use

RN **34841-39-9 (Bupropion)**; 50-48-6 (Amitriptyline)

CN 0 (Antidepressive Agents); 0 (Placebos); 0 (Propiophenones)

L36 ANSWER 90 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 83157713 EMBASE
DN 1983157713
TI Effects of **bupropion** on body weight.
AU Harto Truax N.; Stern W.C.; Miller L.L.; et al.
CS Med. Div., Burroughs Wellcome Co., Research Triangle Park, NC 27709, United States
SO Journal of Clinical Psychiatry, (1983) 44/5 II (183-186).
CODEN: JCLPDE
CY United States
DT Journal
FS 038 Adverse Reactions Titles
037 Drug Literature Index
032 Psychiatry
LA English
AB Patients' **weights** were assessed during placebo-**controlled**, amitriptyline-controlled, and uncontrolled **bupropion** trials. Low-moderate (50-450 mg/day) to moderate-high (300-750 mg/day) doses of **bupropion** were consistently associated with a lack of **weight** gain (average **weight loss** of 1-2 pounds); placebo was associated with an average weight gain of 1 lb and 72-225 mg/day of amitriptyline was associated with an increase of 3-9 lb. **Bupropion** treatment was rarely accompanied by reports of appetite change and had no statistically significant effect on caloric intake when compared to placebo.
CT Medical Descriptors:
*adverse drug reaction
*appetite
*body weight
*drug comparison
***drug therapy**
therapy
oral drug administration
controlled study
clinical article
human
central nervous system
Drug Descriptors:
*amitriptyline
*amphetamine
***amfebutamone**
*placebo
RN (amitriptyline) 50-48-6, 549-18-8; (amphetamine) 1200-47-1, 139-10-6, 156-34-3, 2706-50-5, 300-62-9, 51-62-7, 60-13-9, 60-15-1; (amfebutamone) **31677-93-7, 34911-55-2**
CN **Wellbutrin**

L36 ANSWER 91 OF 93 MEDLINE DUPLICATE 18
AN 83213203 MEDLINE
DN 83213203
TI **Bupropion** and amitriptyline in the treatment of depressed patients.
AU Chouinard G
SO JOURNAL OF CLINICAL PSYCHIATRY, (1983 May) 44 (5 Pt 2) 121-9.
Journal code: HIC. ISSN: 0160-6689.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Priority Journals
EM 198309
AB **Bupropion**, a specific dopamine reuptake inhibitor, was compared to amitriptyline in two multicenter studies involving 183 depressed

outpatients and inpatients. Initial results from these ongoing studies provide additional evidence of the antidepressant activity of **bupropion**. At the end of the treatment periods (6 weeks for inpatients and 13 weeks for outpatients), **bupropion** appeared to be at least as effective as amitriptyline. However, **bupropion** exerted a slightly but nonsignificantly smaller overall therapeutic effect than amitriptyline during the first 4 weeks of drug treatment. Slight **weight loss** and dopaminergic side effects, such as insomnia, nausea/vomiting, and anorexia, were somewhat more common among **bupropion**-treated patients. Compared to **bupropion**, amitriptyline induced more weight gain and had more anticholinergic, antihistaminic, and antiadrenergic side effects. In view of its numerous sites of action, amitriptyline does not appear to be the ideal antidepressant. It remains to be demonstrated whether **bupropion** has any advantage over secondary amine tricyclic antidepressants, such as nortriptyline and desipramine.

CT Check Tags: Comparative Study; Female; Human; Male
Adolescence
Adult
Aged
Ambulatory Care
*Amitriptyline: TU, therapeutic use
*Antidepressive Agents: TU, therapeutic use
Clinical Trials
***Depressive Disorder: DT, drug therapy**
Depressive Disorder: PX, psychology
Hospitalization
Middle Age
*Propiophenones: TU, therapeutic use
Psychiatric Status Rating Scales

RN **34841-39-9 (Bupropion)**; 50-48-6 (Amitriptyline)
CN 0 (Antidepressive Agents); 0 (Propiophenones)

L36 ANSWER 92 OF 93 MEDLINE
AN 83213201 MEDLINE
DN 83213201
TI A double-blind comparison of **bupropion** and amitriptyline in depressed inpatients.
AU Davidson J; Miller R; Van Wyck Fleet J; Strickland R; Manberg P; Allen S; Parrott R
SO JOURNAL OF CLINICAL PSYCHIATRY, (1983 May) 44 (5 Pt 2) 115-7.
Journal code: HIC. ISSN: 0160-6689.
CY United States
DT (CLINICAL TRIAL)
(CONTROLLED CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 198309
AB **Bupropion** and amitriptyline were compared in a double-blind study of depressed inpatients. Treatment ranged from 2 to 4 weeks: early responders (Hamilton Depression Scale scores less than 10) were often removed from treatment after 2 or 3 weeks. Twenty-two patients completed treatment with **bupropion** and 18 with amitriptyline. Doses ranged from 450 to 750 mg/day for **bupropion** and 75 to 225 mg/day for amitriptyline. Overall, **bupropion** and amitriptyline were equally effective, as measured by the Hamilton Depression and Anxiety scales, Clinical Global Impressions, Zung Depression scale, and the SCL-90. Differences in the side effect profile and in weight change are described.

CT Check Tags: Comparative Study; Female; Human; Male
Adult
*Amitriptyline: TU, therapeutic use
*Antidepressive Agents: TU, therapeutic use
Appetite: DE, drug effects

Body Weight: DE, drug effects
Clinical Trials
*Depressive Disorder: DT, drug therapy
Depressive Disorder: PX, psychology
Double-Blind Method
*Hospitalization
Middle Age
*Propiophenones: TU, therapeutic use
Psychiatric Status Rating Scales
RN **34841-39-9 (Bupropion)**; 50-48-6 (Amitriptyline)
CN 0 (Antidepressive Agents); 0 (Propiophenones)

L36 ANSWER 93 OF 93 MEDLINE DUPLICATE 19
AN 83145358 MEDLINE
DN 83145358
TI A comparison of the safety and efficacy of **bupropion** HCL and amitriptyline hcl in depressed outpatients.
AU Remick R A; Campos P E; Misri S; Miles J E; Van Wyck Fleet J
SO PROGRESS IN NEURO-PSYCHOPHARMACOLOGY AND BIOLOGICAL PSYCHIATRY, (1982) 6 (4-6) 523-7.
Journal code: Q45. ISSN: 0278-5846.
CY ENGLAND: United Kingdom
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 198306
AB 1. Thirty adult outpatients diagnosed with depressive illness were treated with either **bupropion** HCL or amitriptyline HCL. 2. Weekly ratings of efficacy and safety were undertaken using the Hamilton Depression, Hamilton Anxiety, Clinical Global Improvement, and Treatment Emergent Symptom Scales. Periodic physical investigations were also performed. 3. After 4 weeks of active treatment patients in both drug groups showed significant improvement on all rating scales. 4. The side effect profile of each drug was clinically different from one another with a notable absence of anticholinergic side effects characteristic of the **bupropion** group. 5. No significant laboratory or physical changes were found although slight changes in weight were noted with **bupropion** patients having a slight **weight loss** and amitriptyline patients a slight **weight** gain. There were no withdrawal effects from discontinuing either drug.
CT Check Tags: Comparative Study; Female; Human; Male
Adult
Amitriptyline: AE, adverse effects
*Amitriptyline: TU, therapeutic use
*Antidepressive Agents: TU, therapeutic use
Clinical Trials
***Depressive Disorder: DT, drug therapy**
Depressive Disorder: PX, psychology
Double-Blind Method
Propiophenones: AE, adverse effects
*Propiophenones: TU, therapeutic use
RN **34841-39-9 (Bupropion)**; 50-48-6 (Amitriptyline)
CN 0 (Antidepressive Agents); 0 (Propiophenones)